

# knee

Based on Hospital Medicare Payment And Volume Measures

Provider Number	Hospital Name	Address 1
010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE
010001	SOUTHEAST ALABAMA MEDICAL CENTER	1108 ROSS CLARK CIRCLE
010006	ELIZA COFFEE MEMORIAL HOSPITAL	205 MARENGO STREET
010006	ELIZA COFFEE MEMORIAL HOSPITAL	205 MARENGO STREET
010006	ELIZA COFFEE MEMORIAL HOSPITAL	205 MARENGO STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

Address 2	Address 3	City	State
		DOTHAN	AL
		DOTHAN	AL
		FLORENCE	AL
		FLORENCE	AL
		FLORENCE	AL

# knee

Based on Hospital Medicare Payment And Volume Measures

ZIP Code	County Name	Phone Number
36302	HOUSTON	3347938701
36302	HOUSTON	3347938701
35631	LAUDERDALE	2567688400
35631	LAUDERDALE	2567688400
35631	LAUDERDALE	2567688400

# knee

Based on Hospital Medicare Payment And Volume Measures

## Diagnosis Related Group

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

Medicare Average Payment	Number Of Cases
\$13814.00 *	
\$17271.00	23
\$12777.00 *	
\$23692.00 *	
\$15822.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

## Footnote

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

010007

MIZELL MEMORIAL HOSPITAL

702 N MAIN ST

010007

MIZELL MEMORIAL HOSPITAL

702 N MAIN ST

010010

MARSHALL MEDICAL CENTER  
NORTH

8000 ALABAMA HIGHWAY 69

010010

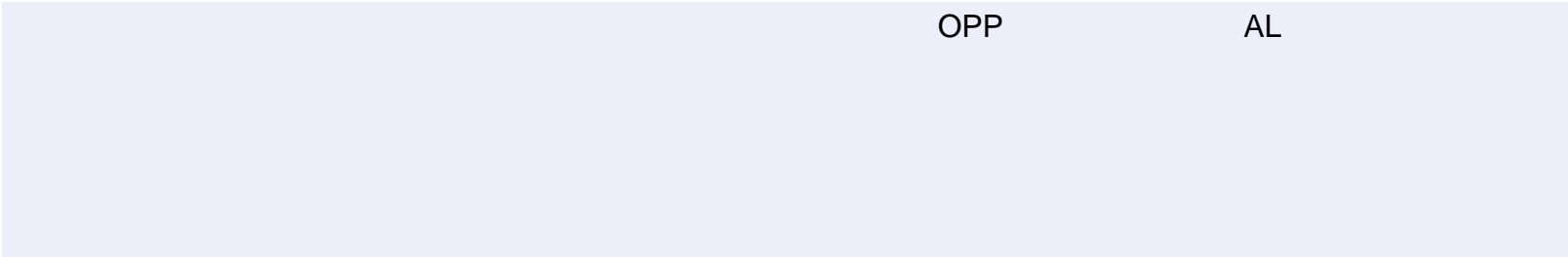
MARSHALL MEDICAL CENTER  
NORTH

8000 ALABAMA HIGHWAY 69

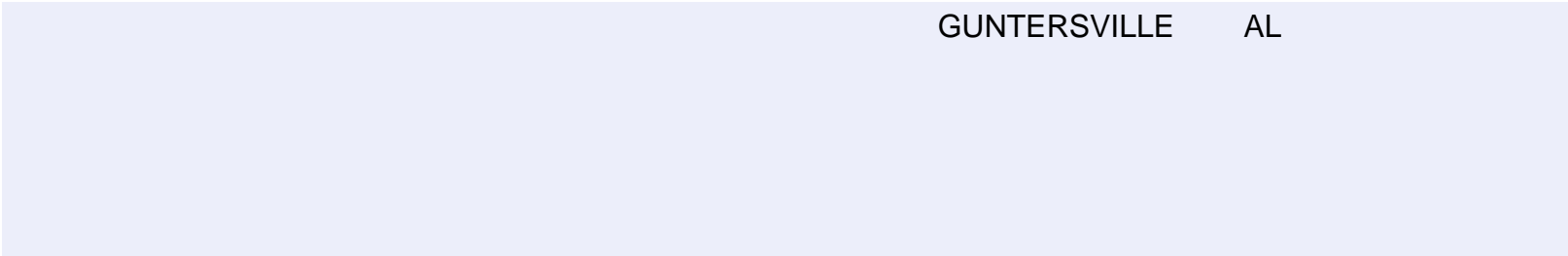
# knee

Based on Hospital Medicare Payment And Volume Measures

OPP AL



GUNTERSVILLE AL





# knee

Based on Hospital Medicare Payment And Volume Measures

36467

COVINGTON

3344933541

36467

COVINGTON

3344933541

35976

MARSHALL

2565718000

35976

MARSHALL

2565718000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16466.00 \*

\$13170.00 \*

\$13615.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

010011	ST VINCENT'S EAST	50 MEDICAL PARK EAST DRIVE
010011	ST VINCENT'S EAST	50 MEDICAL PARK EAST DRIVE
010011	ST VINCENT'S EAST	50 MEDICAL PARK EAST DRIVE
010016	SHELBY BAPTIST MEDICAL CENTER	1000 FIRST STREET NORTH
010016	SHELBY BAPTIST MEDICAL CENTER	1000 FIRST STREET NORTH

# knee

Based on Hospital Medicare Payment And Volume Measures

BIRMINGHAM AL

BIRMINGHAM AL

BIRMINGHAM AL

ALABASTER AL

ALABASTER AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35235	JEFFERSON	2058383122
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35235	JEFFERSON	2058383122
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35235	JEFFERSON	2058383122
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35007	SHELBY	2056208100
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35007	SHELBY	2056208100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13520.00 \*

\$12183.00 \*

\$594.00 \*

\$13658.00 \*

\$9802.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010016

SHELBY BAPTIST MEDICAL CENTER

1000 FIRST STREET NORTH

010019

HELEN KELLER MEMORIAL  
HOSPITAL

1300 SOUTH MONTGOMERY  
AVENUE

010019

HELEN KELLER MEMORIAL  
HOSPITAL

1300 SOUTH MONTGOMERY  
AVENUE

010019

HELEN KELLER MEMORIAL  
HOSPITAL

1300 SOUTH MONTGOMERY  
AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

ALABASTER AL

SHEFFIELD AL

SHEFFIELD AL

SHEFFIELD AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35007

SHELBY

2056208100

35660

COLBERT

2563864556

35660

COLBERT

2563864556

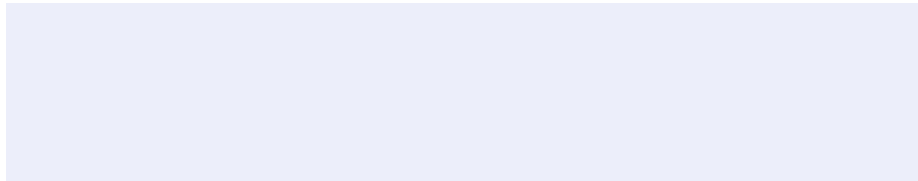
35660

COLBERT

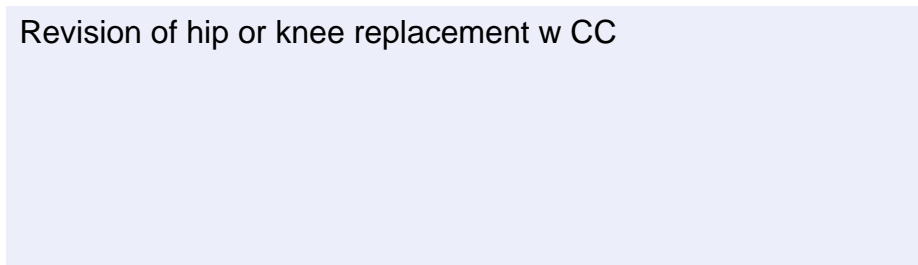
2563864556

# knee

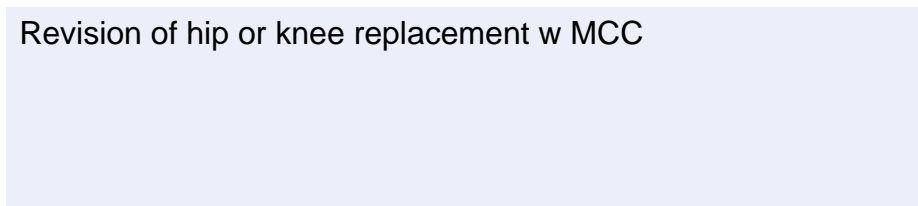
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17047.00 \*

\$16505.00 \*

\$13383.00 \*

\$24649.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010021

DALE MEDICAL CENTER

126 HOSPITAL AVE

010023

BAPTIST MEDICAL CENTER SOUTH

2105 EAST SOUTH  
BOULEVARD

010023

BAPTIST MEDICAL CENTER SOUTH

2105 EAST SOUTH  
BOULEVARD

010023

BAPTIST MEDICAL CENTER SOUTH

2105 EAST SOUTH  
BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

OZARK AL

MONTGOMERY AL

MONTGOMERY AL

MONTGOMERY AL

# knee

Based on Hospital Medicare Payment And Volume Measures

36360	DALE	3347742601
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36116	MONTGOMERY	3342882100
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36116	MONTGOMERY	3342882100
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36116	MONTGOMERY	3342882100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23932.00 \*

\$19764.00 \*

\$15589.00 \*

\$16646.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010024	JACKSON HOSPITAL & CLINIC INC	1725 PINE STREET
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010024	JACKSON HOSPITAL & CLINIC INC	1725 PINE STREET
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010024	JACKSON HOSPITAL & CLINIC INC	1725 PINE STREET
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010025	G H LANIER MEMORIAL HOSPITAL	4800 48TH ST
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010029	EAST ALABAMA MEDICAL CENTER AND SNF	2000 PEPPERELL PARKWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

MONTGOMERY AL

MONTGOMERY AL

MONTGOMERY AL

VALLEY AL

OPELIKA AL



# knee

Based on Hospital Medicare Payment And Volume Measures

36106	MONTGOMERY	3342938000
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36106	MONTGOMERY	3342938000
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36106	MONTGOMERY	3342938000
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36854	CHAMBERS	3347561400
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36801	LEE	3347493411
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

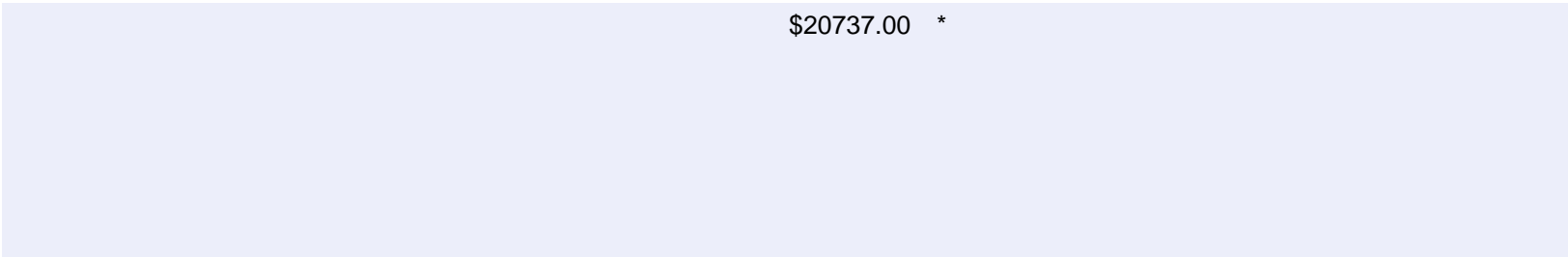
Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14370.00 \*

\$10758.00 \*



\$17080.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010029	EAST ALABAMA MEDICAL CENTER AND SNF	2000 PEPPERELL PARKWAY
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010029	EAST ALABAMA MEDICAL CENTER AND SNF	2000 PEPPERELL PARKWAY
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010033	UNIVERSITY OF ALABAMA HOSPITAL	619 SOUTH 19TH STREET
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010033	UNIVERSITY OF ALABAMA HOSPITAL	619 SOUTH 19TH STREET
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010033	UNIVERSITY OF ALABAMA HOSPITAL	619 SOUTH 19TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

OPELIKA AL

OPELIKA AL

BIRMINGHAM AL

BIRMINGHAM AL

BIRMINGHAM AL

# knee

Based on Hospital Medicare Payment And Volume Measures

36801	LEE	3347493411
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36801	LEE	3347493411
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35233	JEFFERSON	2059344011
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35233	JEFFERSON	2059344011
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35233	JEFFERSON	2059344011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25499.00 \*

\$13701.00 \*

\$9300.00 \*

\$19975.00 \*

\$21091.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010035

CULLMAN REGIONAL MEDICAL  
CENTER

1912 ALABAMA HIGHWAY  
157

010035

CULLMAN REGIONAL MEDICAL  
CENTER

1912 ALABAMA HIGHWAY  
157

010036

ANDALUSIA REGIONAL HOSPITAL

849 SOUTH THREE NOTCH  
STREET

010036

ANDALUSIA REGIONAL HOSPITAL

849 SOUTH THREE NOTCH  
STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

CULLMAN AL

CULLMAN AL

ANDALUSIA AL

ANDALUSIA AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35058

CULLMAN

2567372000

35058

CULLMAN

2567372000

36420

COVINGTON

3342228466

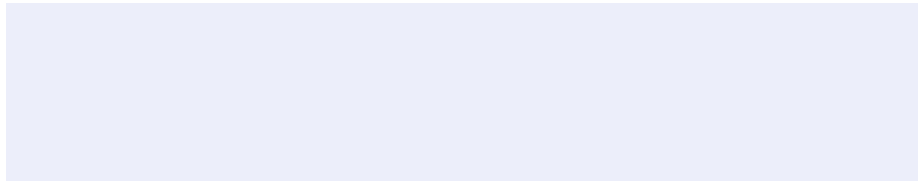
36420

COVINGTON

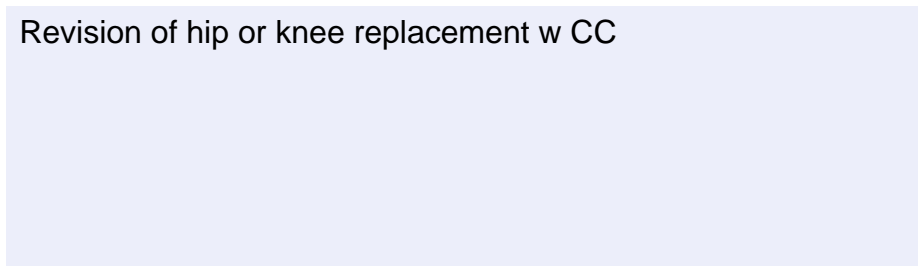
3342228466

# knee

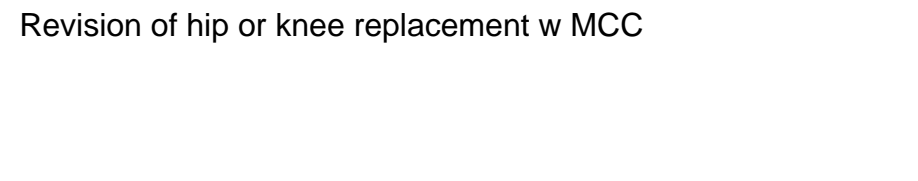
Based on Hospital Medicare Payment And Volume Measures



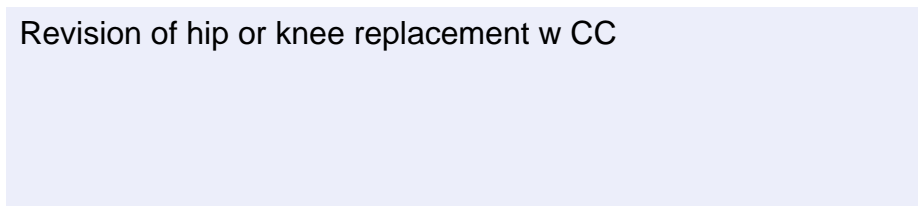
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13638.00 \*

\$16968.00 \*

\$24784.00 \*

\$16842.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010036	ANDALUSIA REGIONAL HOSPITAL	849 SOUTH THREE NOTCH STREET
010038	STRINGFELLOW MEMORIAL HOSPITAL	301 EAST 18TH ST
010038	STRINGFELLOW MEMORIAL HOSPITAL	301 EAST 18TH ST
010039	HUNTSVILLE HOSPITAL	101 SIVLEY RD
010039	HUNTSVILLE HOSPITAL	101 SIVLEY RD
010039	HUNTSVILLE HOSPITAL	101 SIVLEY RD
010040	GADSDEN REGIONAL MEDICAL CENTER	1007 GOODYEAR AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

ANDALUSIA	AL
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ANNISTON	AL
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ANNISTON	AL
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HUNTSVILLE	AL
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HUNTSVILLE	AL
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HUNTSVILLE	AL
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GADSDEN	AL
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# knee

Based on Hospital Medicare Payment And Volume Measures

36420	COVINGTON	3342228466
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36201	CALHOUN	2562358900
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36201	CALHOUN	2562358900
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35801	MADISON	2562651000
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35801	MADISON	2562651000
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35801	MADISON	2562651000
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35903	ETOWAH	2564944000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

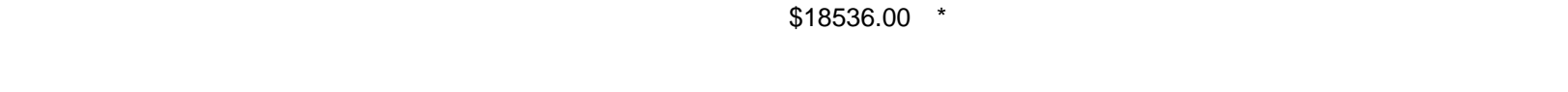
Based on Hospital Medicare Payment And Volume Measures



\$13365.00 \*



\$12489.00 \*



\$18536.00 \*

	\$20930.00	13
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\$17403.00 55

	\$13920.00	32
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\$12988.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010040	GADSDEN REGIONAL MEDICAL CENTER	1007 GOODYEAR AVENUE
010040	GADSDEN REGIONAL MEDICAL CENTER	1007 GOODYEAR AVENUE
010046	RIVERVIEW REGIONAL MEDICAL CENTER	600 SOUTH THIRD STREET
010046	RIVERVIEW REGIONAL MEDICAL CENTER	600 SOUTH THIRD STREET
010046	RIVERVIEW REGIONAL MEDICAL CENTER	600 SOUTH THIRD STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	GADSDEN	AL
	GADSDEN	AL
	GADSDEN	AL
	GADSDEN	AL
	GADSDEN	AL
	GADSDEN	AL



# knee

Based on Hospital Medicare Payment And Volume Measures

35903	ETOWAH	2564944000
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35903	ETOWAH	2564944000
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35901	ETOWAH	2565435200
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35901	ETOWAH	2565435200
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35901	ETOWAH	2565435200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13531.00

11

\$24083.00 \*

\$12474.00 \*

\$23248.00 \*

\$15610.00

14

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010049	MEDICAL CENTER ENTERPRISE	400 N EDWARDS STREET
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010049	MEDICAL CENTER ENTERPRISE	400 N EDWARDS STREET
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010054	PARKWAY MEDICAL CENTER	1874 BELTLINE RD SW
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010054	PARKWAY MEDICAL CENTER	1874 BELTLINE RD SW
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010055	FLOWERS HOSPITAL	4370 WEST MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

ENTERPRISE	AL
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ENTERPRISE	AL
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DECATUR	AL
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DECATUR	AL
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DOTHAN	AL
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# knee

Based on Hospital Medicare Payment And Volume Measures

36330	COFFEE	3343470584
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36330	COFFEE	3343470584
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35601	MORGAN	2563502211
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35601	MORGAN	2563502211
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36305	HOUSTON	3347935000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16104.00 \*

\$12881.00 \*

\$15176.00 \*

\$21901.00 \*

\$23590.00 \*

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Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010055	FLOWERS HOSPITAL	4370 WEST MAIN STREET
010055	FLOWERS HOSPITAL	4370 WEST MAIN STREET
010056	ST VINCENT'S BIRMINGHAM	810 ST VINCENT'S DRIVE
010056	ST VINCENT'S BIRMINGHAM	810 ST VINCENT'S DRIVE
010056	ST VINCENT'S BIRMINGHAM	810 ST VINCENT'S DRIVE

010065	RUSSELL HOSPITAL	3316 HIGHWAY 280
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# knee

Based on Hospital Medicare Payment And Volume Measures

DOTHAN AL

DOTHAN AL

BIRMINGHAM AL

BIRMINGHAM AL

BIRMINGHAM AL

ALEXANDER CITY AL

# knee

Based on Hospital Medicare Payment And Volume Measures

36305	HOUSTON	3347935000
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36305	HOUSTON	3347935000
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35205	JEFFERSON	2059397000
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35205	JEFFERSON	2059397000
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35205	JEFFERSON	2059397000
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35010	TALLAPOOSA	2563297100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15861.00	27
	\$12823.00 *	
	\$12573.00	22
	\$15716.00	23
	\$19413.00 *	
	\$14180.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010078	NORTHEAST ALABAMA REGIONAL MED CENTER	400 EAST 10TH STREET
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010078	NORTHEAST ALABAMA REGIONAL MED CENTER	400 EAST 10TH STREET
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010078	NORTHEAST ALABAMA REGIONAL MED CENTER	400 EAST 10TH STREET
--------	--	----------------------

010079	ATHENS-LIMESTONE HOSPITAL	700 WEST MARKET STREET
--------	---------------------------	------------------------

010083	SOUTH BALDWIN REGIONAL MEDICAL CENTER	1613 NORTH MCKENZIE STREET
--------	--	-------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ANNISTON AL

ANNISTON AL

ANNISTON AL

ATHENS AL

FOLEY AL

# knee

Based on Hospital Medicare Payment And Volume Measures

36207	CALHOUN	2562355121
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36207	CALHOUN	2562355121
-------	---------	------------

36207	CALHOUN	2562355121
-------	---------	------------

35611	LIMESTONE	2562339292
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36535	BALDWIN	2519493400
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13375.00 \*

\$24802.00 \*

\$16722.00 \*

\$17899.00 \*

\$12861.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010083

SOUTH BALDWIN REGIONAL  
MEDICAL CENTER

1613 NORTH MCKENZIE  
STREET

010085

DECATUR GENERAL HOSPITAL

1201 7TH STREET SE

010085

DECATUR GENERAL HOSPITAL

1201 7TH STREET SE

010085

DECATUR GENERAL HOSPITAL

1201 7TH STREET SE

# knee

Based on Hospital Medicare Payment And Volume Measures

FOLEY

AL

DECATUR

AL

DECATUR

AL

DECATUR

AL



# knee

Based on Hospital Medicare Payment And Volume Measures

36535

BALDWIN

2519493400

35609

MORGAN

2563412000

35609

MORGAN

2563412000

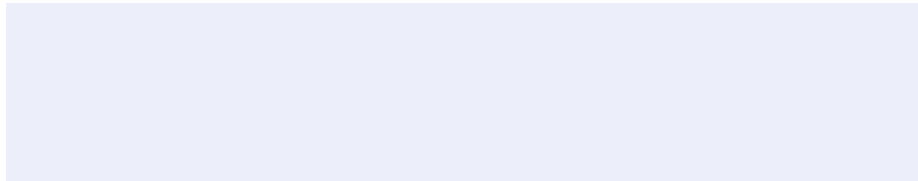
35609

MORGAN

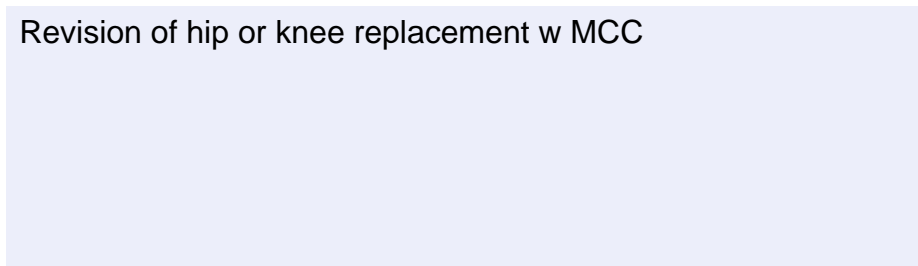
2563412000

# knee

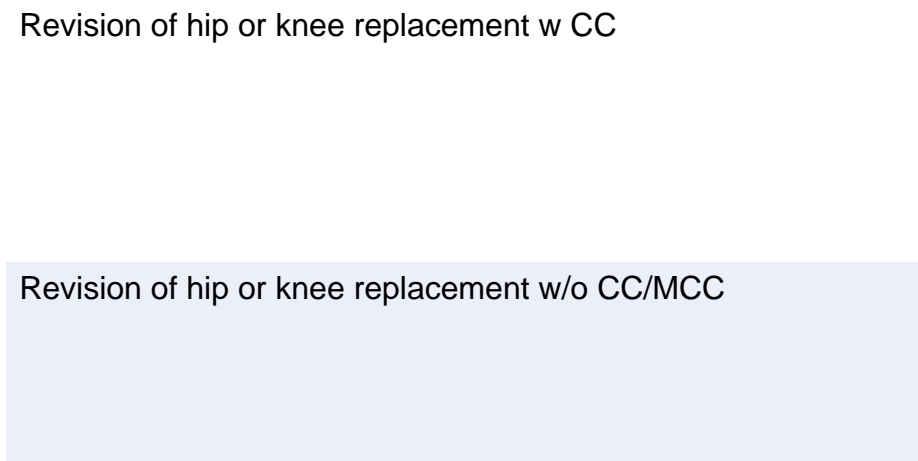
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15988.00 \*

\$25473.00 \*

\$15681.00 \*

\$13727.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

010087	UNIV OF SOUTH ALABAMA MEDICAL CENTER	2451 FILLINGIM STREET
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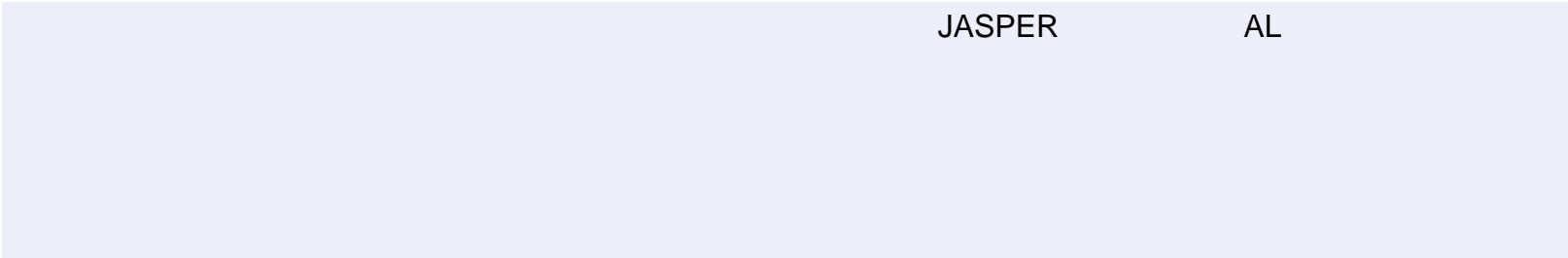
010087	UNIV OF SOUTH ALABAMA MEDICAL CENTER	2451 FILLINGIM STREET
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010087	UNIV OF SOUTH ALABAMA MEDICAL CENTER	2451 FILLINGIM STREET
--------	--------------------------------------	-----------------------

010089	WALKER BAPTIST MEDICAL CENTER	3400 HIGHWAY 78 EAST
--------	-------------------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

36617

MOBILE

2514717110

36617

MOBILE

2514717110

36617

MOBILE

2514717110

35502

WALKER

2053874000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$12904.00 \*

\$36081.00 \*

\$22591.00 \*

\$14287.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

010089	WALKER BAPTIST MEDICAL CENTER	3400 HIGHWAY 78 EAST
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010089	WALKER BAPTIST MEDICAL CENTER	3400 HIGHWAY 78 EAST
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010090	PROVIDENCE HOSPITAL	6801 AIRPORT BOULEVARD
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010090	PROVIDENCE HOSPITAL	6801 AIRPORT BOULEVARD
--------	---------------------	------------------------

010090	PROVIDENCE HOSPITAL	6801 AIRPORT BOULEVARD
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010092	D C H REGIONAL MEDICAL CENTER	809 UNIVERSITY
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# knee

Based on Hospital Medicare Payment And Volume Measures

JASPER AL

JASPER AL

MOBILE AL

MOBILE AL

MOBILE AL

TUSCALOOSA AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35502	WALKER	2053874000
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35502	WALKER	2053874000
-------	--------	------------

36608	MOBILE	2516331000
-------	--------	------------

36608	MOBILE	2516331000
-------	--------	------------

36608	MOBILE	2516331000
-------	--------	------------

35401	TUSCALOOSA	2057597111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17901.00 \*

\$14932.00 \*

\$13010.00	22
------------	----

\$14082.00 \*

\$11439.00 *
--------------

\$14642.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

BOULEVARD EAST

010092	D C H REGIONAL MEDICAL CENTER	809 UNIVERSITY BOULEVARD EAST
--------	-------------------------------	----------------------------------

010092	D C H REGIONAL MEDICAL CENTER	809 UNIVERSITY BOULEVARD EAST
010100	THOMAS HOSPITAL	750 MORPHY AVENUE
010100	THOMAS HOSPITAL	750 MORPHY AVENUE
010100	THOMAS HOSPITAL	750 MORPHY AVENUE

010103	PRINCETON BAPTIST MEDICAL CENTER	701 PRINCETON AVENUE SOUTHWEST
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# knee

Based on Hospital Medicare Payment And Volume Measures

TUSCALOOSA AL

TUSCALOOSA AL

FAIRHOPE AL

FAIRHOPE AL

FAIRHOPE AL

BIRMINGHAM AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35401	TUSCALOOSA	2057597111
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35401	TUSCALOOSA	2057597111
-------	------------	------------

36532	BALDWIN	2519282375
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36532	BALDWIN	2519282375
-------	---------	------------

36532	BALDWIN	2519282375
-------	---------	------------

35211	JEFFERSON	2057833800
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27451.00 \*

\$18492.00	14
------------	----

\$11970.00	17
------------	----

\$14965.00	13
------------	----

\$22197.00 \*

\$865.00 *
------------

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010103	PRINCETON BAPTIST MEDICAL CENTER	701 PRINCETON AVENUE SOUTHWEST
--------	-------------------------------------	-----------------------------------

010103	PRINCETON BAPTIST MEDICAL CENTER	701 PRINCETON AVENUE SOUTHWEST
--------	-------------------------------------	-----------------------------------

010104	TRINITY MEDICAL CENTER	800 MONTCLAIR RD
--------	------------------------	------------------

010104	TRINITY MEDICAL CENTER	800 MONTCLAIR RD
--------	------------------------	------------------

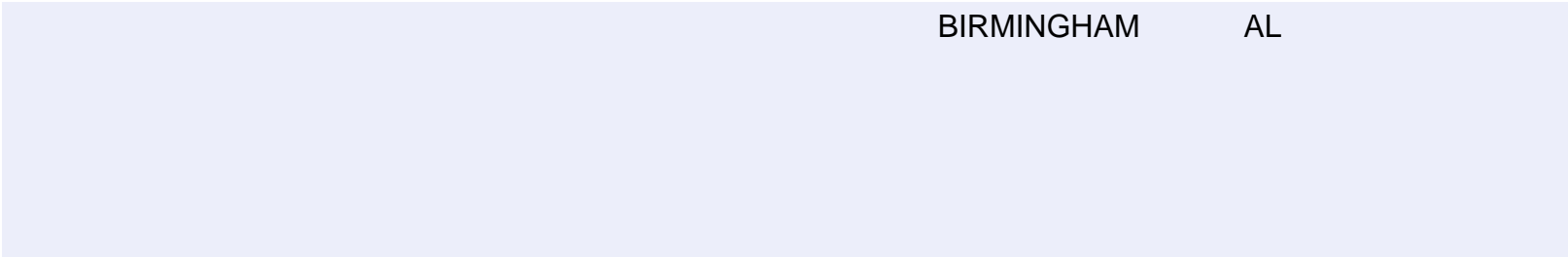
010113	MOBILE INFIRMARY	5 MOBILE INFIRMARY
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# knee

Based on Hospital Medicare Payment And Volume Measures



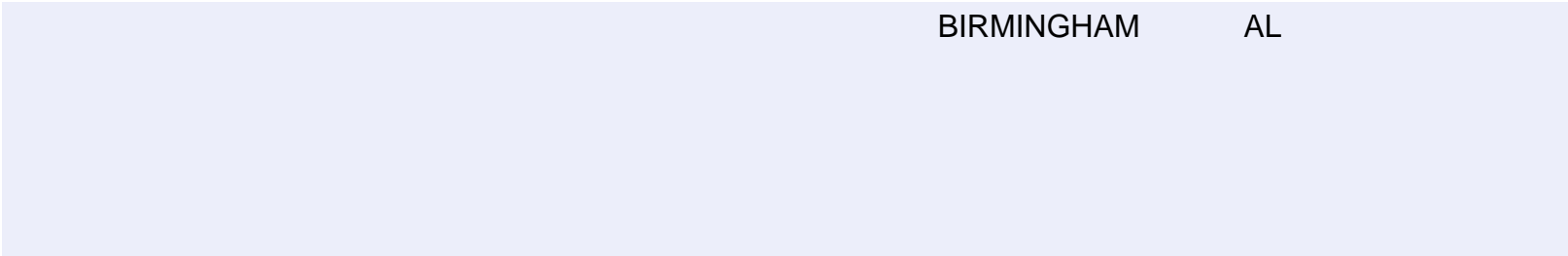
BIRMINGHAM AL



BIRMINGHAM AL



BIRMINGHAM AL



BIRMINGHAM AL



MOBILE AL



# knee

Based on Hospital Medicare Payment And Volume Measures

35211	JEFFERSON	2057833800
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35211	JEFFERSON	2057833800
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35213	JEFFERSON	2055921000
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35213	JEFFERSON	2055921000
-------	-----------	------------

36652	MOBILE	2514354700
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

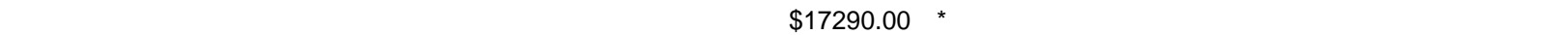
Based on Hospital Medicare Payment And Volume Measures



\$26331.00 \*



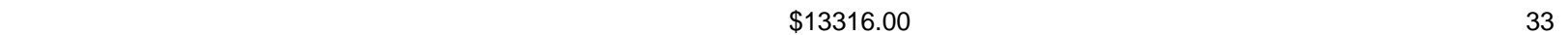
\$965.00 \*



\$17290.00 \*



\$13931.00 \*



\$13316.00

33

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

CIRCLE

5 MOBILE INFIRMARY  
CIRCLE

010113

MOBILE INFIRMARY

010114

MEDICAL WEST, AN AFFILIATE OF  
UAB HEALTH SYSTEM

995 9TH AVENUE  
SOUTHWEST

010114

MEDICAL WEST, AN AFFILIATE OF  
UAB HEALTH SYSTEM

995 9TH AVENUE  
SOUTHWEST

010114

MEDICAL WEST, AN AFFILIATE OF  
UAB HEALTH SYSTEM

995 9TH AVENUE  
SOUTHWEST

010118

VAUGHAN REG MED CENTER  
PARKWAY CAMPUS

1015 MEDICAL CENTER  
PARKWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

	MOBILE	AL
	BESSEMER	AL
	BESSEMER	AL
	BESSEMER	AL
	SELMA	AL

# knee

Based on Hospital Medicare Payment And Volume Measures

36652	MOBILE	2514354700
-------	--------	------------

35021	JEFFERSON	2054817000
-------	-----------	------------

35021	JEFFERSON	2054817000
-------	-----------	------------

35021	JEFFERSON	2054817000
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36701	DALLAS	3344184100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$12735.00

14

\$13717.00 \*

\$25586.00 \*

\$17351.00 \*

\$16606.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010131	CRESTWOOD MEDICAL CENTER	ONE HOSPITAL DR SE
010131	CRESTWOOD MEDICAL CENTER	ONE HOSPITAL DR SE
010131	CRESTWOOD MEDICAL CENTER	ONE HOSPITAL DR SE
010137	COOPER GREEN MERCY HOSPITAL	1515 6TH AVENUE SOUTH
010137	COOPER GREEN MERCY HOSPITAL	1515 6TH AVENUE SOUTH
010139	BROOKWOOD MEDICAL CENTER	2010 BROOKWOOD MEDICAL CENTER DRIVE
010139	BROOKWOOD MEDICAL CENTER	2010 BROOKWOOD MEDICAL CENTER DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

HUNTSVILLE AL

HUNTSVILLE AL

HUNTSVILLE AL

BIRMINGHAM AL

BIRMINGHAM AL

BIRMINGHAM AL

BIRMINGHAM AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35801	MADISON	2568823100
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35801	MADISON	2568823100
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35801	MADISON	2568823100
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35233	JEFFERSON	2059303200
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35233	JEFFERSON	2059303200
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35209	JEFFERSON	2058771000
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35209	JEFFERSON	2058771000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15919.00	11
	\$19786.00 *	
	\$12733.00	23
	\$142.00 *	
	\$19947.00 *	
	\$13091.00	34
	\$53181.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

010139	BROOKWOOD MEDICAL CENTER	2010 BROOKWOOD MEDICAL CENTER DRIVE
010144	SPRINGHILL MEDICAL CENTER	3719 DAUPHIN STREET
010144	SPRINGHILL MEDICAL CENTER	3719 DAUPHIN STREET
010144	SPRINGHILL MEDICAL CENTER	3719 DAUPHIN STREET
010145	NORTHPORT MEDICAL CENTER	2700 HOSPITAL DRIVE
010145	NORTHPORT MEDICAL CENTER	2700 HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

BIRMINGHAM AL

MOBILE AL

MOBILE AL

MOBILE AL

NORTHPORT AL

NORTHPORT AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35209	JEFFERSON	2058771000
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36608	MOBILE	2513449630
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36608	MOBILE	2513449630
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36608	MOBILE	2513449630
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35476	TUSCALOOSA	2053334500
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35476	TUSCALOOSA	2053334500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$12565.00	42
	\$10790.00 *	
	\$11798.00 *	
	\$12905.00	15
	\$19246.00 *	
	\$19288.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

010152

INFIRMARY WEST

5600 GIRBY RD

010152

INFIRMARY WEST

5600 GIRBY RD

010157

SHOALS HOSPITAL

201 WEST AVALON AVENUE

010158

RUSSELLVILLE HOSPITAL

15155 HIGHWAY 43

# knee

Based on Hospital Medicare Payment And Volume Measures

MOBILE AL

MOBILE AL

MUSCLE SHOALS AL

RUSSELLVILLE AL



# knee

Based on Hospital Medicare Payment And Volume Measures

36693

MOBILE

2516605236

36693

MOBILE

2516605236

35661

COLBERT

2563861601

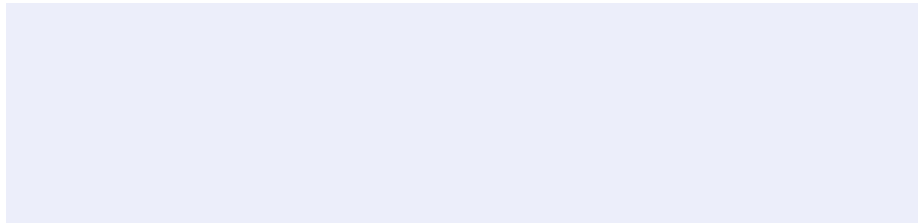
35653

FRANKLIN

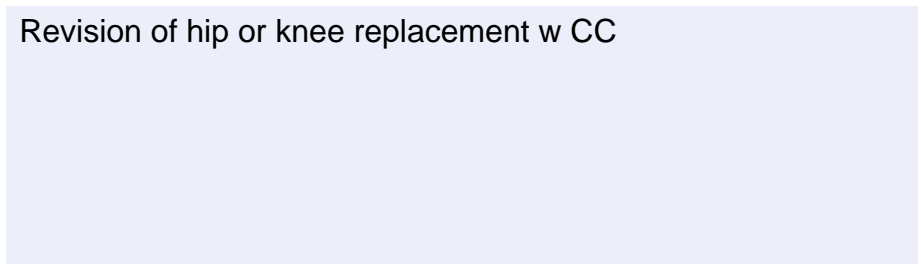
2563321611

# knee

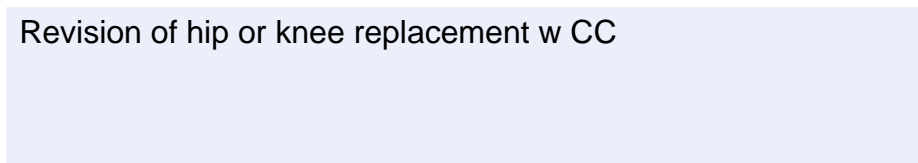
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



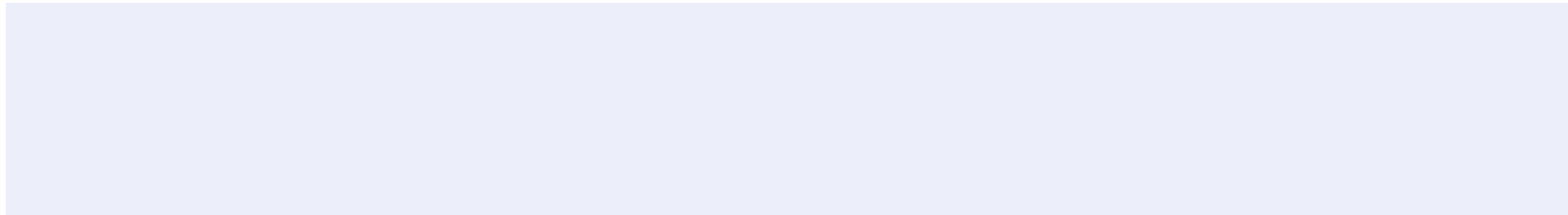
Revision of hip or knee replacement w/o CC/MCC



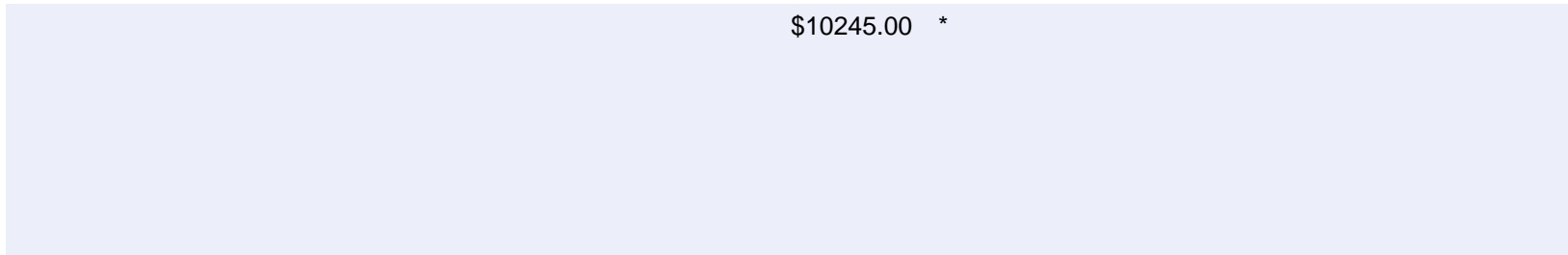
Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$26864.00 \*



\$10245.00 \*



\$16382.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

010158	RUSSELLVILLE HOSPITAL	15155 HIGHWAY 43
010164	COOSA VALLEY MEDICAL CENTER	315 W HICKORY ST
010167	UAB HIGHLANDS	1201 11TH AVENUE SOUTH
010167	UAB HIGHLANDS	1201 11TH AVENUE SOUTH
010167	UAB HIGHLANDS	1201 11TH AVENUE SOUTH
010168	SUMMIT HOSPITAL	4401 RIVER CHASE DRIVE
010168	SUMMIT HOSPITAL	4401 RIVER CHASE DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

RUSSELLVILLE AL

SYLACAUGA AL

BIRMINGHAM AL

BIRMINGHAM AL

BIRMINGHAM AL

PHENIX CITY AL

PHENIX CITY AL

# knee

Based on Hospital Medicare Payment And Volume Measures

35653	FRANKLIN	2563321611
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35150	TALLADEGA	2562495000
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35205	JEFFERSON	2059307000
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35205	JEFFERSON	2059307000
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35205	JEFFERSON	2059307000
-------	-----------	------------

36867	RUSSELL	3347323456
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36867	RUSSELL	3347323456
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13134.00 *	
	\$14763.00 *	
	\$12543.00	34
	\$22272.00 *	
	\$15681.00	31
	\$17126.00	37
	\$26319.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

010168	SUMMIT HOSPITAL	4401 RIVER CHASE DRIVE
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020001	PROVIDENCE ALASKA MEDICAL CENTER	BOX 196604
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020001	PROVIDENCE ALASKA MEDICAL CENTER	BOX 196604
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020001	PROVIDENCE ALASKA MEDICAL CENTER	BOX 196604
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020008	BARTLETT REGIONAL HOSPITAL	3260 HOSPITAL DR
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# knee

Based on Hospital Medicare Payment And Volume Measures

PHENIX CITY AL

ANCHORAGE AK

ANCHORAGE AK

ANCHORAGE AK

JUNEAU AK

# knee

Based on Hospital Medicare Payment And Volume Measures

36867	RUSSELL	3347323456
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99519	ANCHORAGE	9072613675
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99519	ANCHORAGE	9072613675
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99519	ANCHORAGE	9072613675
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99801	JUNEAU	9077968900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13699.00 \*

\$19609.00

14

\$36520.00 \*

\$24515.00 \*

\$26950.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

020012	FAIRBANKS MEMORIAL HOSPITAL	1650 COWLES STREET
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020012	FAIRBANKS MEMORIAL HOSPITAL	1650 COWLES STREET
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020017	ALASKA REGIONAL HOSPITAL	2801 DEBARR ROAD
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020017	ALASKA REGIONAL HOSPITAL	2801 DEBARR ROAD
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020026	ALASKA NATIVE MEDICAL CENTER	4315 DIPLOMACY DR
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knee

Based on Hospital Medicare Payment And Volume Measures

FAIRBANKS AK

FAIRBANKS AK

ANCHORAGE AK

ANCHORAGE AK

ANCHORAGE AK

# knee

Based on Hospital Medicare Payment And Volume Measures

99701	FAIRBANKS NORTH STAR	9074528181
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99701	FAIRBANKS NORTH STAR	9074528181
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99508	ANCHORAGE	9072761131
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99508	ANCHORAGE	9072761131
-------	-----------	------------

99508	ANCHORAGE	9075632662
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$29739.00 \*



\$22457.00 \*



\$37527.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

020026	ALASKA NATIVE MEDICAL CENTER	4315 DIPLOMACY DR
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030002	BANNER GOOD SAMARITAN MEDICAL CENTER	1111 EAST MCDOWELL ROAD
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030002	BANNER GOOD SAMARITAN MEDICAL CENTER	1111 EAST MCDOWELL ROAD
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030002	BANNER GOOD SAMARITAN MEDICAL CENTER	1111 EAST MCDOWELL ROAD
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030006	TUCSON MEDICAL CENTER	5301 EAST GRANT ROAD
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030006	TUCSON MEDICAL CENTER	5301 EAST GRANT ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

ANCHORAGE AK

PHOENIX AZ

PHOENIX AZ

PHOENIX AZ

TUCSON AZ

TUCSON AZ



# knee

Based on Hospital Medicare Payment And Volume Measures

99508	ANCHORAGE	9075632662
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85006	MARICOPA	6022392000
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85006	MARICOPA	6022392000
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85006	MARICOPA	6022392000
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85712	PIMA	5203275461
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85712	PIMA	5203275461
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$30016.00 \*

\$5647.00

20

\$23537.00 \*

\$1422.00 \*

\$555.00

19

\$1029.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

030006	TUCSON MEDICAL CENTER	5301 EAST GRANT ROAD
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030007	VERDE VALLEY MEDICAL CENTER	269 SOUTH CANDY LANE
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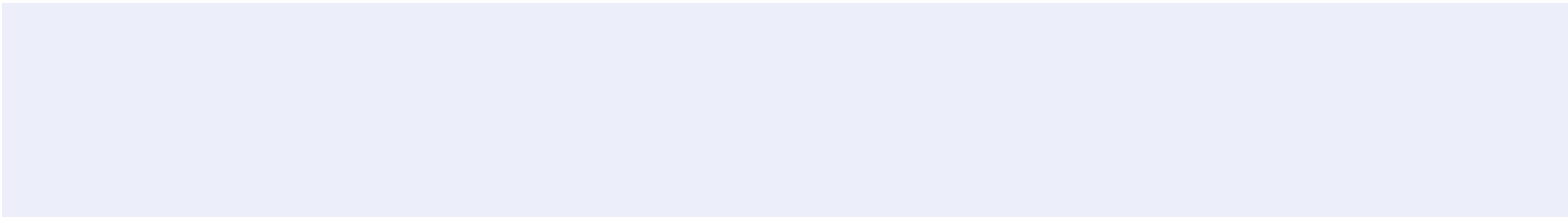
030010	CARONDELET ST MARYS HOSPITAL	1601 WEST ST MARY'S ROAD
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030010	CARONDELET ST MARYS HOSPITAL	1601 WEST ST MARY'S ROAD
--------	------------------------------	-----------------------------

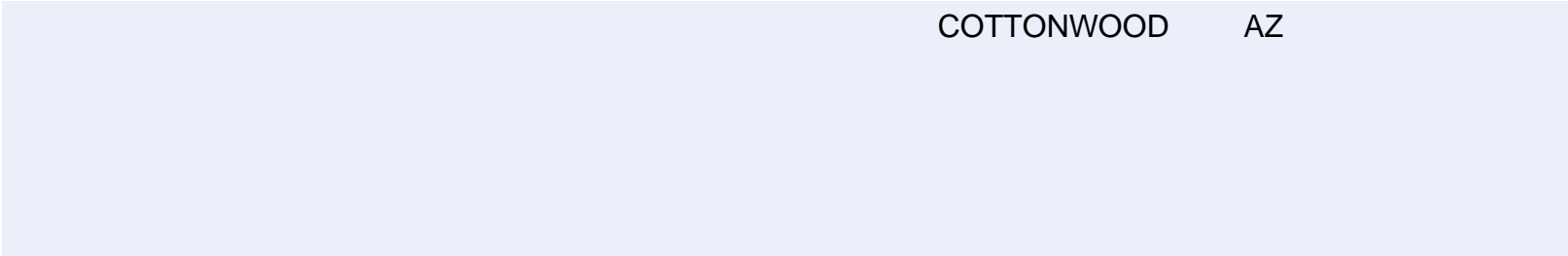
030011	CARONDELET ST JOSEPHS HOSPITAL	350 NORTH WILMOT ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

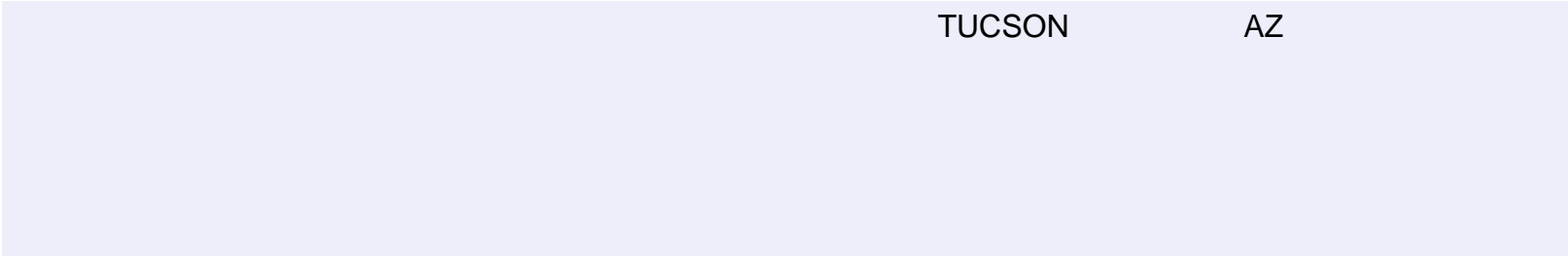


TUCSON AZ



COTTONWOOD AZ

TUCSON AZ



TUCSON AZ

TUCSON AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85712	PIMA	5203275461
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86326	YAVAPAI	9286396000
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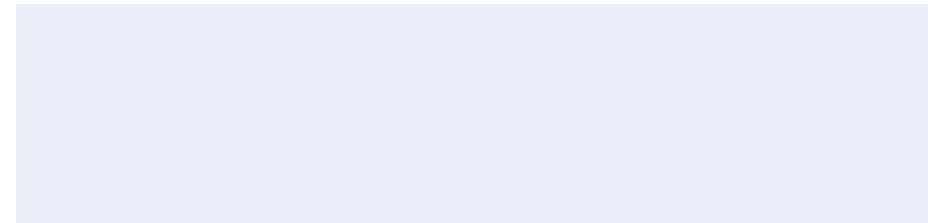
85745	PIMA	5208723000
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85745	PIMA	5208723000
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85711	PIMA	5208733000
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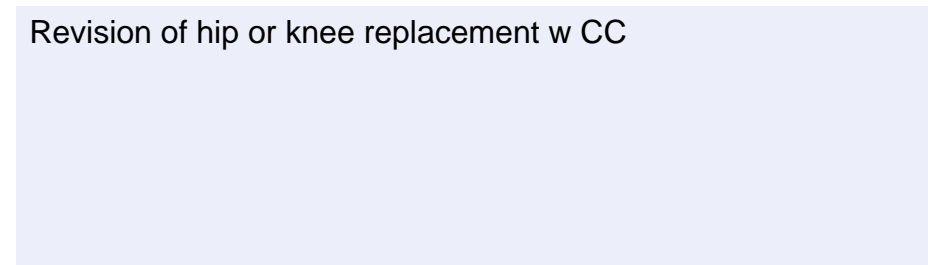
# knee

Based on Hospital Medicare Payment And Volume Measures



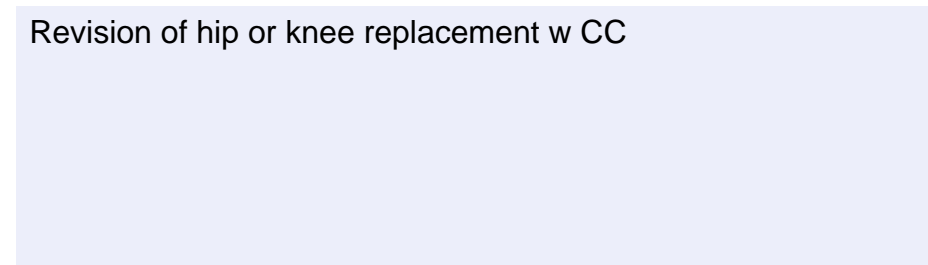
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$694.00	58
	\$21440.00 *	
	\$15604.00 *	
	\$19617.00 *	
	\$17801.00	13

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030011	CARONDELET ST JOSEPHS HOSPITAL	350 NORTH WILMOT ROAD
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030011	CARONDELET ST JOSEPHS HOSPITAL	350 NORTH WILMOT ROAD
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030012	YAVAPAI REGIONAL MEDICAL CENTER	1003 WILLOW CREEK ROAD
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030012	YAVAPAI REGIONAL MEDICAL CENTER	1003 WILLOW CREEK ROAD
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030013	YUMA REGIONAL MEDICAL CENTER	2400 SOUTH AVENUE A
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# knee

Based on Hospital Medicare Payment And Volume Measures

TUCSON AZ

TUCSON AZ

PRESCOTT AZ

PRESCOTT AZ

YUMA AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85711	PIMA	5208733000
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85711	PIMA	5208733000
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86301	YAVAPAI	9284452700
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86301	YAVAPAI	9284452700
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85364	YUMA	9283367275
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17982.00 \*

\$7653.00 \*

\$14832.00 \*

\$18543.00 \*

\$20603.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030013	YUMA REGIONAL MEDICAL CENTER	2400 SOUTH AVENUE A
030014	JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	250 EAST DUNLAP AVENUE
030014	JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	250 EAST DUNLAP AVENUE
030014	JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	250 EAST DUNLAP AVENUE
030016	CASA GRANDE REGIONAL MEDICAL CENTER	1800 EAST FLORENCE BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

YUMA

AZ

PHOENIX

AZ

PHOENIX

AZ

PHOENIX

AZ

CASA GRANDE

AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85364	YUMA	9283367275
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85020	MARICOPA	6028706060
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85020	MARICOPA	6028706060
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85020	MARICOPA	6028706060
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85222	PINAL	5203816453
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

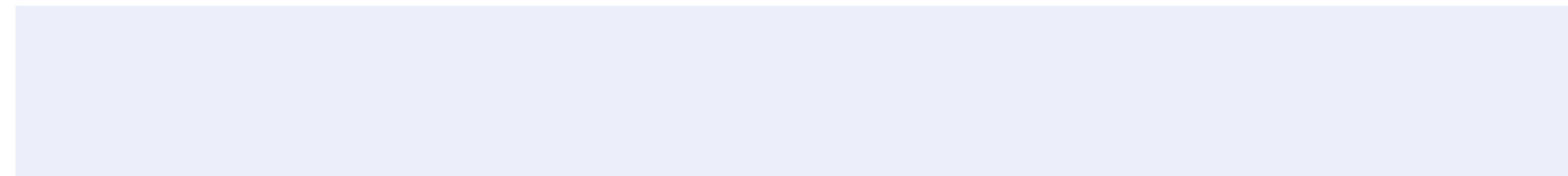
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$28013.00 \*



\$138.00

12



\$26199.00 \*



\$173.00

19



\$17226.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030016	CASA GRANDE REGIONAL MEDICAL CENTER	1800 EAST FLORENCE BOULEVARD
030023	FLAGSTAFF MEDICAL CENTER	1200 NORTH BEAVER STREET
030023	FLAGSTAFF MEDICAL CENTER	1200 NORTH BEAVER STREET
030023	FLAGSTAFF MEDICAL CENTER	1200 NORTH BEAVER STREET
030030	PHOENIX BAPTIST HOSPITAL	2000 WEST BETHANY HOME ROAD
030030	PHOENIX BAPTIST HOSPITAL	2000 WEST BETHANY HOME ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

CASA GRANDE AZ

FLAGSTAFF AZ

FLAGSTAFF AZ

FLAGSTAFF AZ

PHOENIX AZ

PHOENIX AZ



# knee

Based on Hospital Medicare Payment And Volume Measures

85222	PINAL	5203816453
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86001	COCONINO	9287732009
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86001	COCONINO	9287732009
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86001	COCONINO	9287732009
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85015	MARICOPA	6022490212
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85015	MARICOPA	6022490212
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$16523.00 \*

\$51602.00 \*

\$24357.00

13

\$19482.00

18

\$9939.00 \*

\$27948.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030030	PHOENIX BAPTIST HOSPITAL	2000 WEST BETHANY HOME ROAD
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030033	PAYSON REGIONAL MEDICAL CENTER	807 SOUTH PONDEROSA DRIVE
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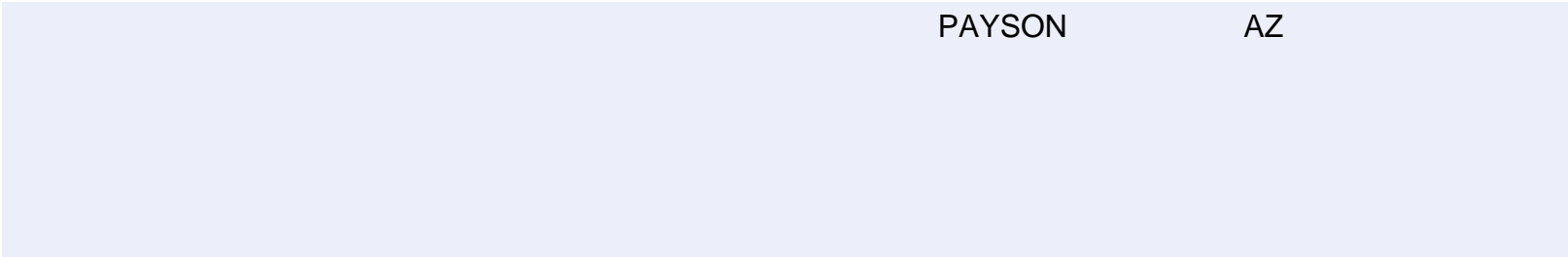
030033	PAYSON REGIONAL MEDICAL CENTER	807 SOUTH PONDEROSA DRIVE
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030036	CHANDLER REGIONAL MEDICAL CENTER	475 SOUTH DOBSON ROAD
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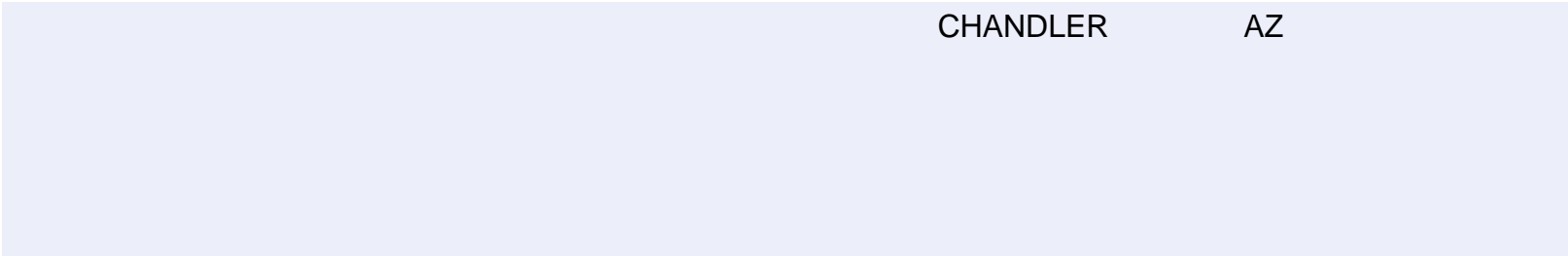
# knee

Based on Hospital Medicare Payment And Volume Measures

PHOENIX AZ



PAYSON AZ



# knee

Based on Hospital Medicare Payment And Volume Measures

85015

MARICOPA

6022490212

85541

GILA

9284743222

85541

GILA

9284743222

85224

MARICOPA

4809634561

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18792.00 \*

\$16351.00 \*

\$16943.00 \*

\$28387.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

030036	CHANDLER REGIONAL MEDICAL CENTER	475 SOUTH DOBSON ROAD
030037	ST LUKES MEDICAL CENTER	1800 EAST VAN BUREN STREET
030037	ST LUKES MEDICAL CENTER	1800 EAST VAN BUREN STREET
030037	ST LUKES MEDICAL CENTER	1800 EAST VAN BUREN STREET
030038	SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	7400 EAST OSBORN ROAD
030038	SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	7400 EAST OSBORN ROAD
030038	SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	7400 EAST OSBORN ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

CHANDLER AZ

PHOENIX AZ

PHOENIX AZ

PHOENIX AZ

SCOTTSDALE AZ

SCOTTSDALE AZ

SCOTTSDALE AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85224	MARICOPA	4809634561
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85006	MARICOPA	6022518156
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85006	MARICOPA	6022518156
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85006	MARICOPA	6022518156
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85251	MARICOPA	4808824000
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85251	MARICOPA	4808824000
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85251	MARICOPA	4808824000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14262.00 \*

\$16798.00

15

\$17501.00

16

\$17328.00 \*

\$27856.00 \*

\$11780.00

18

\$15022.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030043

SIERRA VISTA REGIONAL HEALTH  
CENTER INC

300 EL CAMINO REAL

030043

SIERRA VISTA REGIONAL HEALTH  
CENTER INC

300 EL CAMINO REAL

030055

KINGMAN REGIONAL MEDICAL  
CENTER

3269 STOCKTON HILL ROAD

030055

KINGMAN REGIONAL MEDICAL  
CENTER

3269 STOCKTON HILL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

SIERRA VISTA AZ

SIERRA VISTA AZ

KINGMAN AZ

KINGMAN AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85635

COCHISE

5204584641

85635

COCHISE

5204584641

86409

MOHAVE

9287572101

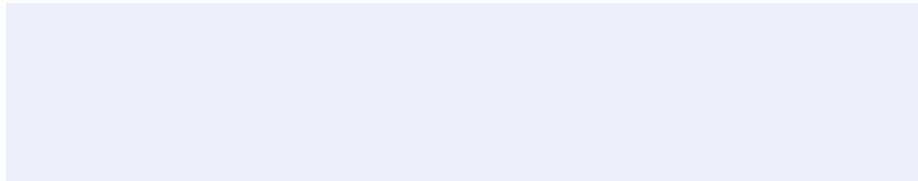
86409

MOHAVE

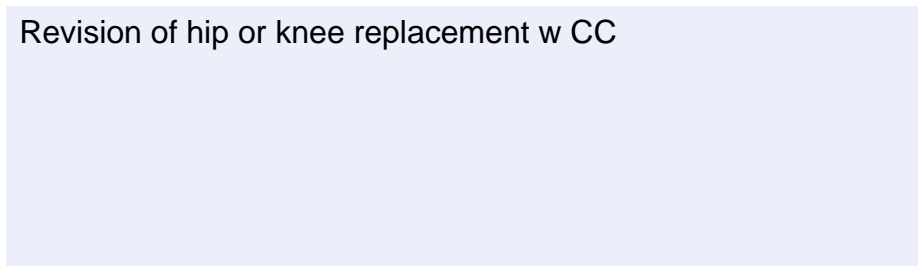
9287572101

# knee

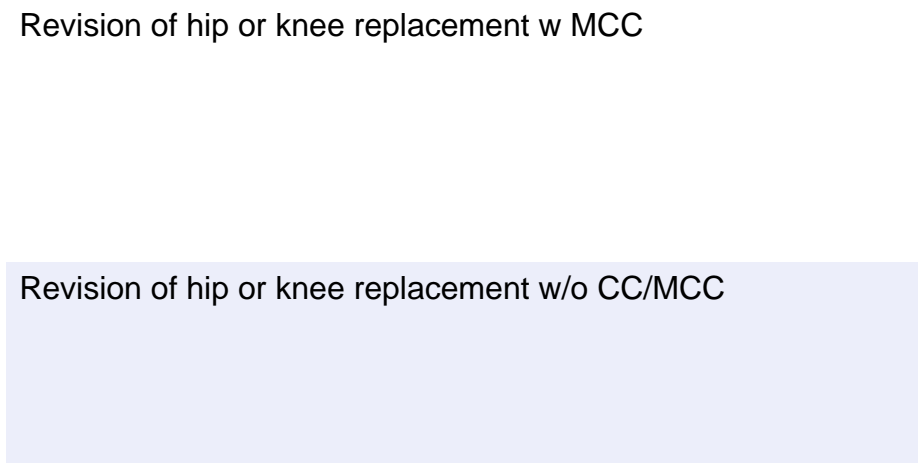
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14246.00 \*

\$17811.00 \*

\$30084.00 \*

\$16301.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030061	BANNER BOSWELL MEDICAL CENTER	10401 WEST THUNDERBIRD BOULEVARD
030061	BANNER BOSWELL MEDICAL CENTER	10401 WEST THUNDERBIRD BOULEVARD
030061	BANNER BOSWELL MEDICAL CENTER	10401 WEST THUNDERBIRD BOULEVARD
030062	SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	2200 SHOW LOW LAKE ROAD
030062	SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	2200 SHOW LOW LAKE ROAD
030064	UNIVERSITY MEDICAL CENTER	1501 NORTH CAMPBELL AVENUE

knee

Based on Hospital Medicare Payment And Volume Measures

	SUN CITY	AZ
	SUN CITY	AZ
	SUN CITY	AZ
	SHOW LOW	AZ
	SHOW LOW	AZ
	TUCSON	AZ



# knee

Based on Hospital Medicare Payment And Volume Measures

85351	MARICOPA	6239777211
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85351	MARICOPA	6239777211
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85351	MARICOPA	6239777211
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85901	NAVAJO	9285374375
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85901	NAVAJO	9285374375
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85724	PIMA	5206940111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$11576.00 \*

\$17392.00

12

\$14451.00

35

\$17503.00 \*

\$18803.00 \*

\$21116.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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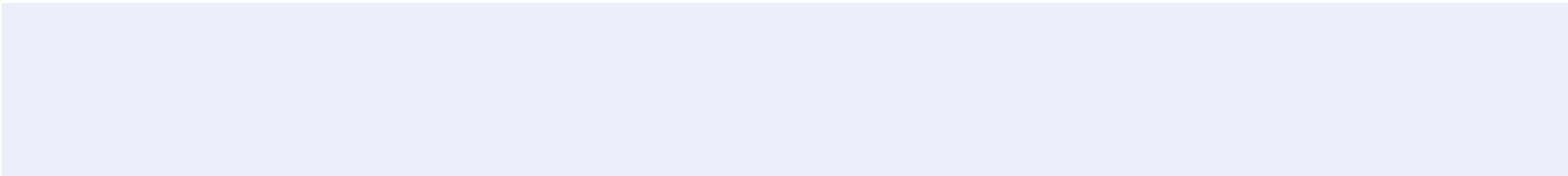
# knee

Based on Hospital Medicare Payment And Volume Measures

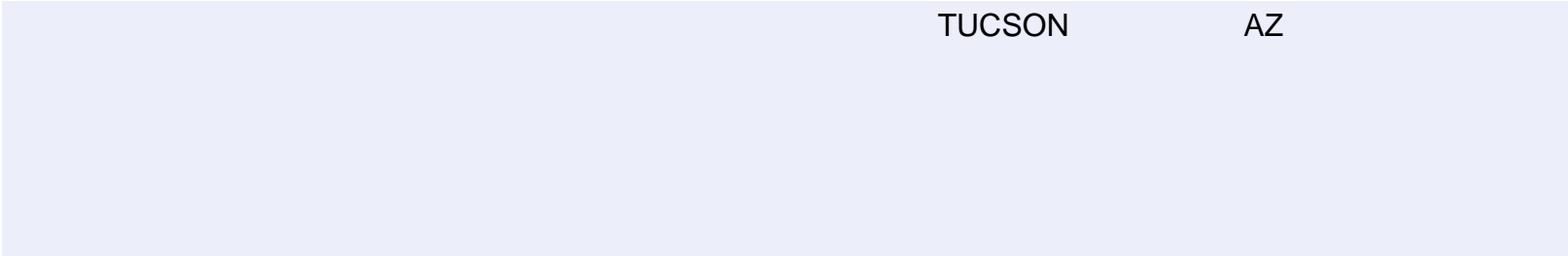
030064	UNIVERSITY MEDICAL CENTER	1501 NORTH CAMPBELL AVENUE
030064	UNIVERSITY MEDICAL CENTER	1501 NORTH CAMPBELL AVENUE
030065	BANNER DESERT MEDICAL CENTER	1400 SOUTH DOBSON ROAD
030065	BANNER DESERT MEDICAL CENTER	1400 SOUTH DOBSON ROAD
030065	BANNER DESERT MEDICAL CENTER	1400 SOUTH DOBSON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures



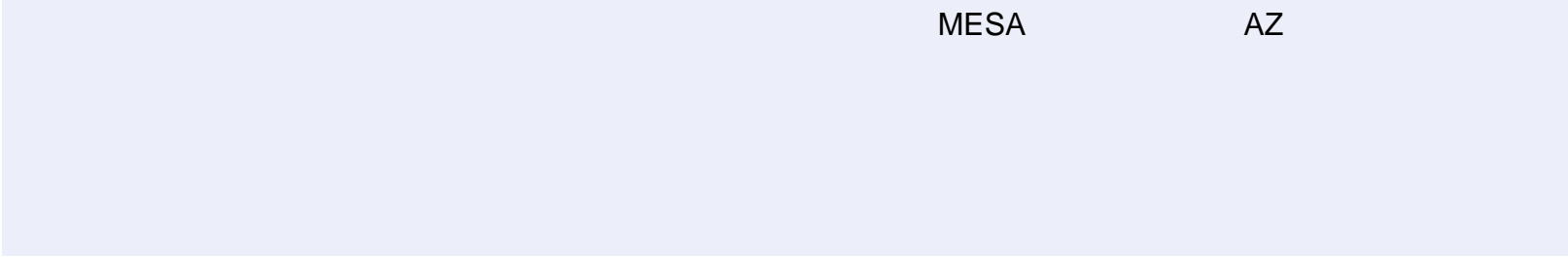
TUCSON AZ



TUCSON AZ



MESA AZ



MESA AZ



MESA AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85724	PIMA	5206940111
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85724	PIMA	5206940111
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85202	MARICOPA	4804123000
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85202	MARICOPA	4804123000
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85202	MARICOPA	4804123000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

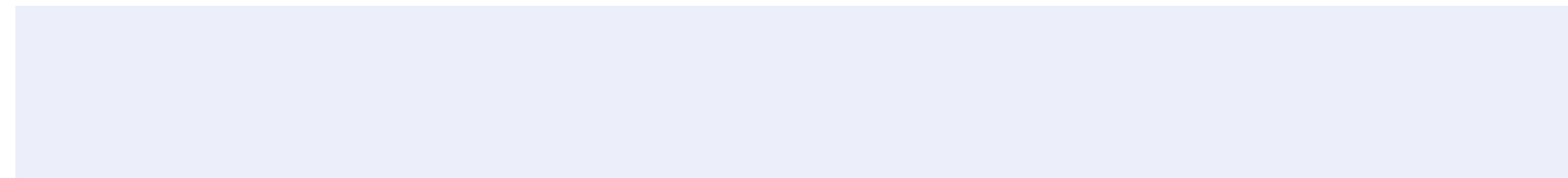
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$26400.00

13



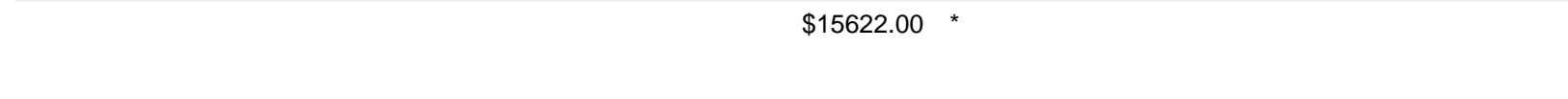
\$7091.00 \*



\$28968.00 \*



\$17903.00 \*



\$15622.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

030068	MT GRAHAM REGIONAL MEDICAL CENTER	1600 S 20TH AVENUE
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030069	HAVASU REGIONAL MEDICAL CENTER	101 CIVIC CENTER LANE
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030069	HAVASU REGIONAL MEDICAL CENTER	101 CIVIC CENTER LANE
--------	-----------------------------------	-----------------------

030073	TUBA CITY REGIONAL HEALTH CARE CORPORATION	PO BOX 600
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAFFORD AZ

LAKE HAVASU  
CITY AZ

LAKE HAVASU  
CITY AZ

TUBA CITY AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85546

GRAHAM

9283484000

86403

MOHAVE

9288558185

86403

MOHAVE

9288558185

86045

COCONINO

9282832501

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25332.00 \*

\$19258.00 \*

\$15415.00 \*

\$24274.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

030083	PARADISE VALLEY HOSPITAL	3929 EAST BELL ROAD
030083	PARADISE VALLEY HOSPITAL	3929 EAST BELL ROAD
030085	NORTHWEST MEDICAL CENTER	6200 NORTH LA CHOLLA BOULEVARD
030085	NORTHWEST MEDICAL CENTER	6200 NORTH LA CHOLLA BOULEVARD
030085	NORTHWEST MEDICAL CENTER	6200 NORTH LA CHOLLA BOULEVARD
030087	SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	9003 EAST SHEA BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

PHOENIX	AZ
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PHOENIX	AZ
---------	----

TUCSON	AZ
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TUCSON	AZ
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TUCSON	AZ
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SCOTTSDALE	AZ
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# knee

Based on Hospital Medicare Payment And Volume Measures

85032	MARICOPA	6029235000
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85032	MARICOPA	6029235000
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85741	PIMA	5207429000
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85741	PIMA	5207429000
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85741	PIMA	5207429000
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85260	MARICOPA	4803233000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21053.00 *	
	\$15293.00 *	
	\$14011.00	19
	\$15846.00 *	
	\$14597.00	49
	\$14497.00	56

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

030087	SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	9003 EAST SHEA BOULEVARD
030087	SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	9003 EAST SHEA BOULEVARD
030088	BANNER BAYWOOD MEDICAL CENTER	6644 EAST BAYWOOD AVENUE
030088	BANNER BAYWOOD MEDICAL CENTER	6644 EAST BAYWOOD AVENUE
030088	BANNER BAYWOOD MEDICAL CENTER	6644 EAST BAYWOOD AVENUE
030089	BANNER THUNDERBIRD MEDICAL CENTER	5555 WEST THUNDERBIRD ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

SCOTTSDALE AZ

SCOTTSDALE AZ

MESA AZ

MESA AZ

MESA AZ

GLENDALE AZ



# knee

Based on Hospital Medicare Payment And Volume Measures

85260	MARICOPA	4803233000
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85260	MARICOPA	4803233000
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85206	MARICOPA	4803212000
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85206	MARICOPA	4803212000
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85206	MARICOPA	4803212000
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85306	MARICOPA	6028655555
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20417.00 \*

\$13911.00 \*

\$14429.00 28

\$26648.00 \*

\$17966.00 24

\$10227.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030089	BANNER THUNDERBIRD MEDICAL CENTER	5555 WEST THUNDERBIRD ROAD
030092	JOHN C LINCOLN DEER VALLEY HOSPITAL	19829 NORTH 27TH AVENUE
030092	JOHN C LINCOLN DEER VALLEY HOSPITAL	19829 NORTH 27TH AVENUE
030092	JOHN C LINCOLN DEER VALLEY HOSPITAL	19829 NORTH 27TH AVENUE
030093	BANNER DEL E WEBB MEDICAL CENTER	14502 WEST MEEKER BOULEVARD
030093	BANNER DEL E WEBB MEDICAL CENTER	14502 WEST MEEKER BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

GLENDALE      AZ

PHOENIX	AZ
---------	----

PHOENIX      AZ

PHOENIX	AZ
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SUN CITY WEST      AZ

SUN CITY WEST	AZ
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# knee

Based on Hospital Medicare Payment And Volume Measures

85306	MARICOPA	6028655555
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85027	MARICOPA	6238795574
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85027	MARICOPA	6238795574
-------	----------	------------

85027	MARICOPA	6238795574
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85375	MARICOPA	6232144000
-------	----------	------------

85375	MARICOPA	6232144000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$28753.00	*
	\$54.00	*
	\$99.00	*
	\$67.00	11
	\$17863.00	45
	\$25817.00	12

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

030093	BANNER DEL E WEBB MEDICAL CENTER	14502 WEST MEEKER BOULEVARD
030094	ARROWHEAD HOSPITAL	18701 NORTH 67TH AVENUE
030094	ARROWHEAD HOSPITAL	18701 NORTH 67TH AVENUE
030094	ARROWHEAD HOSPITAL	18701 NORTH 67TH AVENUE
030101	WESTERN ARIZONA REGIONAL MEDICAL CTR	2735 SILVER CREEK ROAD
030101	WESTERN ARIZONA REGIONAL	2735 SILVER CREEK ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

SUN CITY WEST AZ

GLENDALÉ AZ

GLENDALÉ AZ

GLENDALÉ AZ

BULLHEAD CITY AZ

BULLHEAD CITY AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85375	MARICOPA	6232144000
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85308	MARICOPA	6235611000
-------	----------	------------

85308	MARICOPA	6235611000
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85308	MARICOPA	6235611000
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86442	MOHAVE	9287632273
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86442	MOHAVE	9287632273
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14288.00 \*

\$15729.00 \*



\$16423.00 16



\$29212.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## MEDICAL CTR

030101	WESTERN ARIZONA REGIONAL MEDICAL CTR	2735 SILVER CREEK ROAD
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030103	MAYO CLINIC HOSPITAL	5777 EAST MAYO BOULEVARD
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030103	MAYO CLINIC HOSPITAL	5777 EAST MAYO BOULEVARD
--------	----------------------	-----------------------------

030103	MAYO CLINIC HOSPITAL	5777 EAST MAYO BOULEVARD
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030107	ARIZONA SPINE AND JOINT HOSPITAL	4620 EAST BASELINE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

BULLHEAD CITY AZ

PHOENIX AZ

PHOENIX AZ

PHOENIX AZ

MESA AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

86442	MOHAVE	9287632273
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85054	MARICOPA	4805156296
-------	----------	------------

85054	MARICOPA	4805156296
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85054	MARICOPA	4805156296
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85206	MARICOPA	4808324770
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15753.00 \*

\$15664.00

32

\$29046.00 \*

\$19583.00

36

\$13816.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

030107	ARIZONA SPINE AND JOINT HOSPITAL	4620 EAST BASELINE ROAD
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030108	SURGICAL SPECIALTY HOSPITAL OF ARIZONA	6501 NORTH 19TH AVENUE
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030108	SURGICAL SPECIALTY HOSPITAL OF ARIZONA	6501 NORTH 19TH AVENUE
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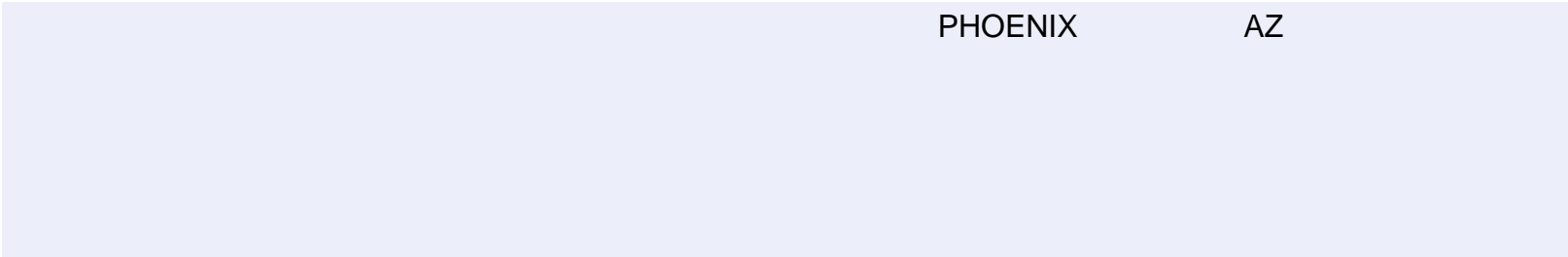
030110	WEST VALLEY HOSPITAL	13677 WEST MCDOWELL ROAD
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030110	WEST VALLEY HOSPITAL	13677 WEST MCDOWELL
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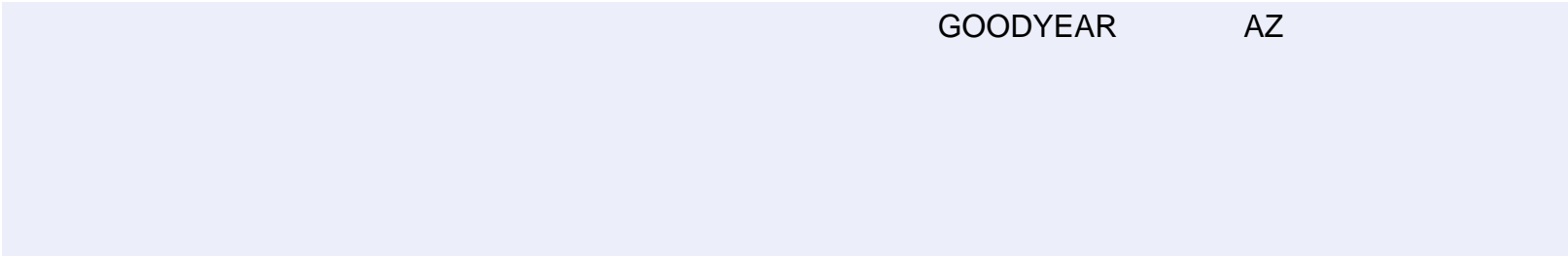
# knee

Based on Hospital Medicare Payment And Volume Measures

MESA AZ



PHOENIX AZ



GOODYEAR AZ



# knee

Based on Hospital Medicare Payment And Volume Measures

85206

MARICOPA

4808324770

85015

MARICOPA

6027956020

85015

MARICOPA

6027956020

85338

MARICOPA

6238821500

85338

MARICOPA

6238821500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14394.00 \*

\$14394.00 \*

\$17258.00 \*

\$16705.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

ROAD

030111	UNIVERSITY PHYSICIANS HEALTHCARE HOSPITAL AT KINO	2800 EAST AJO WAY
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030111	UNIVERSITY PHYSICIANS HEALTHCARE HOSPITAL AT KINO	2800 EAST AJO WAY
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030112	ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	2905 WEST WARNER ROAD
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030112	ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	2905 WEST WARNER ROAD
--------	---	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

TUCSON AZ

TUCSON AZ

CHANDLER AZ

CHANDLER AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85713

PIMA

5202944471

85713

PIMA

5202944471

85225

MARICOPA

4806039000

85225

MARICOPA

4806039000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$28591.00 \*

\$32209.00 \*

\$22041.00 \*

\$18987.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

030112	ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	2905 WEST WARNER ROAD
030114	ORO VALLEY HOSPITAL	1551 EAST TANGERINE ROAD
030114	ORO VALLEY HOSPITAL	1551 EAST TANGERINE ROAD
030114	ORO VALLEY HOSPITAL	1551 EAST TANGERINE ROAD
030115	BANNER ESTRELLA MEDICAL CENTER	9201 WEST THOMAS ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

CHANDLER AZ

ORO VALLEY AZ

ORO VALLEY AZ

ORO VALLEY AZ

PHOENIX AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85225	MARICOPA	4806039000
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85755	PIMA	5209013500
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85755	PIMA	5209013500
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85755	PIMA	5209013500
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85037	MARICOPA	6233274000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

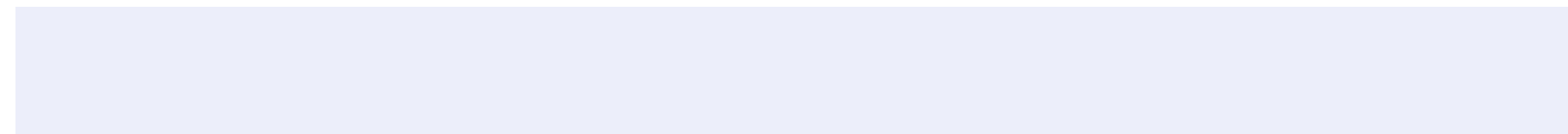
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

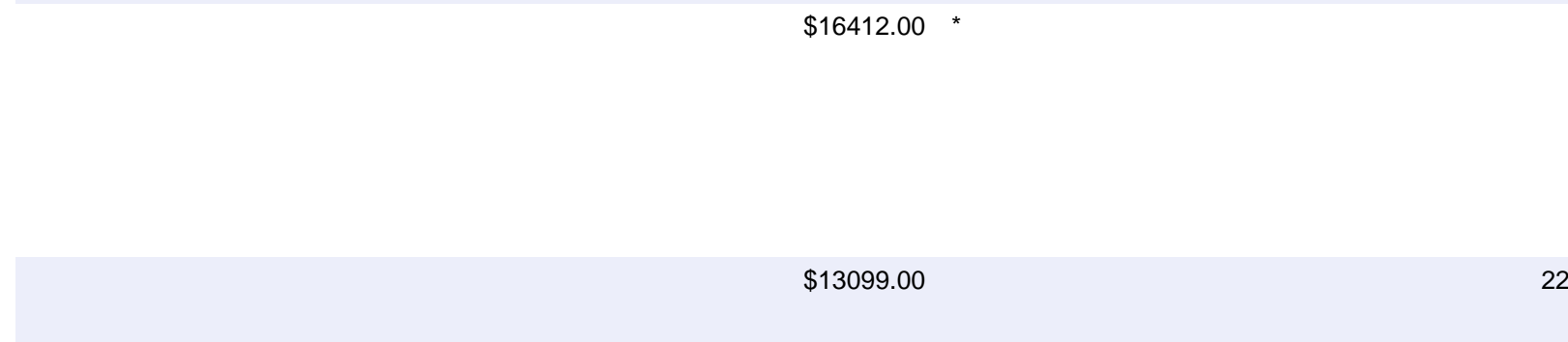
Based on Hospital Medicare Payment And Volume Measures



\$15834.00 \*



\$16377.00 \*



\$16412.00 \*



\$13099.00

22

\$8760.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

030115	BANNER ESTRELLA MEDICAL CENTER	9201 WEST THOMAS ROAD
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030115	BANNER ESTRELLA MEDICAL CENTER	9201 WEST THOMAS ROAD
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030118	YAVAPAI REGIONAL MEDICAL CENTER-EAST	7700 EAST FLORENTINE ROAD
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030118	YAVAPAI REGIONAL MEDICAL CENTER-EAST	7700 EAST FLORENTINE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

PHOENIX

AZ

PHOENIX

AZ

PRESCOTT  
VALLEY

AZ

PRESCOTT  
VALLEY

AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85037

MARICOPA

6233274000

85037

MARICOPA

6233274000

86314

YAVAPAI

9284428165

86314

YAVAPAI

9284428165

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$43995.00 \*

\$17139.00 \*

\$34544.00 \*

\$23731.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
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health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

030118	YAVAPAI REGIONAL MEDICAL CENTER-EAST	7700 EAST FLORENTINE ROAD
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030119	MERCY GILBERT MEDICAL CENTER	3555 SOUTH VAL VISTA DRIVE
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030119	MERCY GILBERT MEDICAL CENTER	3555 SOUTH VAL VISTA DRIVE
--------	------------------------------	-------------------------------

030119	MERCY GILBERT MEDICAL CENTER	3555 SOUTH VAL VISTA DRIVE
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030121	MOUNTAIN VISTA MEDICAL CENTER, LP	1301 SOUTH CRISMON ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

PRESCOTT  
VALLEY AZ

GILBERT AZ

GILBERT AZ

GILBERT AZ

MESA AZ



# knee

Based on Hospital Medicare Payment And Volume Measures

86314	YAVAPAI	9284428165
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85296	MARICOPA	4807288327
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85296	MARICOPA	4807288327
-------	----------	------------

85296	MARICOPA	4807288327
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85209	MARICOPA	4803586100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$26435.00	*
	\$27786.00	*
	\$18733.00	14
	\$14612.00	*
	\$13929.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

030121	MOUNTAIN VISTA MEDICAL CENTER, LP	1301 SOUTH CRISMON ROAD
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030121	MOUNTAIN VISTA MEDICAL CENTER, LP	1301 SOUTH CRISMON ROAD
--------	--------------------------------------	----------------------------

030122	BANNER GATEWAY MEDICAL CENTER	1900 NORTH HIGLEY ROAD
--------	----------------------------------	------------------------

030122	BANNER GATEWAY MEDICAL CENTER	1900 NORTH HIGLEY ROAD
--------	----------------------------------	------------------------

030122	BANNER GATEWAY MEDICAL CENTER	1900 NORTH HIGLEY ROAD
--------	----------------------------------	------------------------

knee

Based on Hospital Medicare Payment And Volume Measures

MESA

AZ

MESA

AZ

GILBERT

AZ

GILBERT

AZ

GILBERT

AZ

# knee

Based on Hospital Medicare Payment And Volume Measures

85209	MARICOPA	4803586100
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85209	MARICOPA	4803586100
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85234	MARICOPA	4805432000
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85234	MARICOPA	4805432000
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85234	MARICOPA	4805432000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$42270.00 \*

\$12761.00	21
------------	----

\$7231.00 \*

\$18268.00 *
--------------

\$16799.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

030123	SCOTTSDALE HEALTHCARE- THOMPSON PEAK HOSPITAL	7400 EAST THOMPSON PEAK PARKWAY
040002	JOHNSON REGIONAL MEDICAL CENTER	1100 EAST POPLAR STREET
040004	WASHINGTON REGIONAL MED CTR AT NORTH HILLS	3215 N NORTH HILLS BLVD
040004	WASHINGTON REGIONAL MED CTR AT NORTH HILLS	3215 N NORTH HILLS BLVD
040004	WASHINGTON REGIONAL MED CTR AT NORTH HILLS	3215 N NORTH HILLS BLVD
040007	ST VINCENT INFIRMARY MEDICAL CENTER	TWO ST VINCENT CIRCLE
040007	ST VINCENT INFIRMARY MEDICAL	TWO ST VINCENT CIRCLE

# knee

Based on Hospital Medicare Payment And Volume Measures

SCOTTSDALE AZ

CLARKSVILLE AR

FAYETTEVILLE AR

FAYETTEVILLE AR

FAYETTEVILLE AR

LITTLE ROCK AR

LITTLE ROCK AR

# knee

Based on Hospital Medicare Payment And Volume Measures

85255	MARICOPA	4803247004
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72830	JOHNSON	4797545454
-------	---------	------------

72703	WASHINGTON	4794635113
-------	------------	------------

72703	WASHINGTON	4794635113
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72703	WASHINGTON	4794635113
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72205	PULASKI	5015523000
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72205	PULASKI	5015523000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20542.00 \*

\$15670.00 \*

\$17663.00

17

\$25483.00 \*

\$14128.00

35

\$14546.00

63

\$26195.00

14

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

	CENTER	
040007	ST VINCENT INFIRMARY MEDICAL CENTER	TWO ST VINCENT CIRCLE
040014	WHITE COUNTY MEDICAL CENTER	3214 EAST RACE AVENUE
040014	WHITE COUNTY MEDICAL CENTER	3214 EAST RACE AVENUE
040016	UAMS MEDICAL CENTER	4301 WEST MARKHAM STREET SLOT 557
040016	UAMS MEDICAL CENTER	4301 WEST MARKHAM STREET SLOT 557
040016	UAMS MEDICAL CENTER	4301 WEST MARKHAM STREET SLOT 557
040017	NORTH ARKANSAS REGIONAL	620 NORTH MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	LITTLE ROCK	AR
	SEARCY	AR
	SEARCY	AR
	LITTLE ROCK	AR
	LITTLE ROCK	AR
	LITTLE ROCK	AR
	HARRISON	AR

# knee

Based on Hospital Medicare Payment And Volume Measures

72205	PULASKI	5015523000
-------	---------	------------

72143	WHITE	5012783100
-------	-------	------------

72143	WHITE	5012783100
-------	-------	------------

72205	PULASKI	5016865000
-------	---------	------------

72205	PULASKI	5016865000
-------	---------	------------

72205	PULASKI	5016865000
-------	---------	------------

72601	BOONE	8704144000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18036.00 86

\$13987.00 \*

\$15965.00 \*

\$19612.00 29

\$24519.00 23

\$35057.00 \*

\$17818.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## MEDICAL CENTER

040017	NORTH ARKANSAS REGIONAL MEDICAL CENTER	620 NORTH MAIN STREET
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040018	SUMMIT MEDICAL CENTER	EAST MAIN AND SOUTH 20TH STREET
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040018	SUMMIT MEDICAL CENTER	EAST MAIN AND SOUTH 20TH STREET
--------	-----------------------	------------------------------------

040020	ST BERNARDS MEDICAL CTR	225 E JACKSON
--------	-------------------------	---------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HARRISON AR

VAN BUREN AR

VAN BUREN AR

JONESBORO AR



# knee

Based on Hospital Medicare Payment And Volume Measures

72601

BOONE

8704144000

72956

CRAWFORD

4794714300

72956

CRAWFORD

4794714300

72401

CRAIGHEAD

8709724100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14252.00 \*

\$16691.00 \*

\$24072.00 \*

\$14813.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

040020	ST BERNARDS MEDICAL CTR	225 E JACKSON
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040020	ST BERNARDS MEDICAL CTR	225 E JACKSON
040022	NW ARKANSAS HOSPITALS, LLC	609 WEST MAPLE AVENUE

040022	NW ARKANSAS HOSPITALS, LLC	609 WEST MAPLE AVENUE
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040026	ST JOSEPHS MERCY HEALTH CENTER INC	300 WERNER STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

JONESBORO AR

JONESBORO AR

SPRINGDALE AR

SPRINGDALE AR

HOT SPRINGS AR

# knee

Based on Hospital Medicare Payment And Volume Measures

72401	CRAIGHEAD	8709724100
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72401	CRAIGHEAD	8709724100
72764	WASHINGTON	4797515711

72764	WASHINGTON	4797515711
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71903	GARLAND	5016221000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



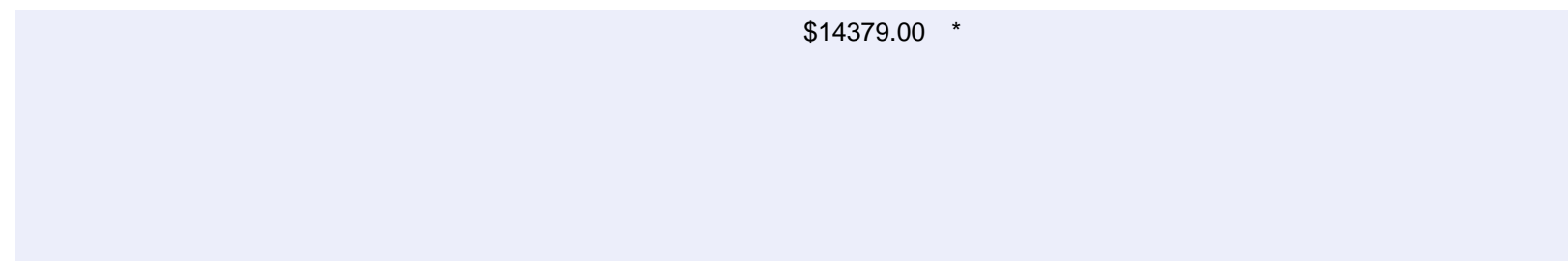
\$27314.00 \*



\$18621.00

13

\$18007.00 \*



\$14379.00 \*

\$13567.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

040026	ST JOSEPHS MERCY HEALTH CENTER INC	300 WERNER STREET
040026	ST JOSEPHS MERCY HEALTH CENTER INC	300 WERNER STREET
040027	BAXTER REGIONAL MEDICAL CENTER	624 HOSPITAL DRIVE
040027	BAXTER REGIONAL MEDICAL CENTER	624 HOSPITAL DRIVE
040029	CONWAY REGIONAL MEDICAL CENTER	2302 COLLEGE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

HOT SPRINGS AR

HOT SPRINGS AR

MOUNTAIN HOME AR

MOUNTAIN HOME AR

CONWAY AR

# knee

Based on Hospital Medicare Payment And Volume Measures

71903	GARLAND	5016221000
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71903	GARLAND	5016221000
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72653	BAXTER	8705081000
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72653	BAXTER	8705081000
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72034	FAULKNER	5013293831
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25167.00 \*

\$16948.00	16
------------	----

\$16188.00 \*

\$12948.00 *
--------------

\$13652.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

040029	CONWAY REGIONAL MEDICAL CENTER	2302 COLLEGE AVENUE
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040029	CONWAY REGIONAL MEDICAL CENTER	2302 COLLEGE AVENUE
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040036	BAPTIST HEALTH MEDICAL CENTER NORTH LITTLE ROCK	3333 SPRINGHILL DRIVE
--------	--	-----------------------

040036	BAPTIST HEALTH MEDICAL CENTER NORTH LITTLE ROCK	3333 SPRINGHILL DRIVE
--------	--	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

CONWAY AR

CONWAY	AR
--------	----

NORTH LITTLE  
ROCK AR

NORTH LITTLE ROCK	AR
----------------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

72034	FAULKNER	5013293831
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72034	FAULKNER	5013293831
-------	----------	------------

72117	PULASKI	5012023000
-------	---------	------------

72117	PULASKI	5012023000
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17087.00 \*

\$17050.00 \*

\$16817.00 \*

\$13451.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

040039	ARKANSAS METHODIST MEDICAL CENTER	900 WEST KINGSHIGHWAY
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040041	ST MARYS REGIONAL MEDICAL CENTER	1808 WEST MAIN STREET
--------	-------------------------------------	-----------------------

040041	ST MARYS REGIONAL MEDICAL CENTER	1808 WEST MAIN STREET
--------	-------------------------------------	-----------------------

040041	ST MARYS REGIONAL MEDICAL CENTER	1808 WEST MAIN STREET
--------	-------------------------------------	-----------------------

040042	CRITTENDEN MEMORIAL HOSPITAL	200 TYLER
--------	------------------------------	-----------

# knee

Based on Hospital Medicare Payment And Volume Measures

PARAGOULD AR

RUSSELLVILLE AR

RUSSELLVILLE AR

RUSSELLVILLE AR

WEST MEMPHIS AR



# knee

Based on Hospital Medicare Payment And Volume Measures

72450	GREENE	8702397000
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72801	POPE	4799682841
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72801	POPE	4799682841
-------	------	------------

72801	POPE	4799682841
-------	------	------------

72301	CRITTENDEN	8707351500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17019.00 \*

\$18449.00 \*

\$19440.00 \*

\$14757.00 \*

\$21918.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

040055	SPARKS REGIONAL MEDICAL CENTER	1001 TOWSON AVENUE
040055	SPARKS REGIONAL MEDICAL CENTER	1001 TOWSON AVENUE
040055	SPARKS REGIONAL MEDICAL CENTER	1001 TOWSON AVENUE

040062	ST EDWARD MERCY MEDICAL CENTER	7301 ROGERS AVE
040062	ST EDWARD MERCY MEDICAL CENTER	7301 ROGERS AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

--	--	--

FORT SMITH AR

--	--	--

FORT SMITH AR

FORT SMITH AR

--	--	--

FORT SMITH AR

FORT SMITH AR

# knee

Based on Hospital Medicare Payment And Volume Measures

72901	SEBASTIAN	5014414000
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72901	SEBASTIAN	5014414000
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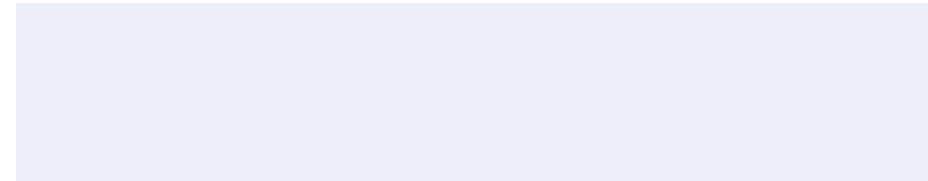
72901	SEBASTIAN	5014414000
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72917	SEBASTIAN	4793146000
-------	-----------	------------

72917	SEBASTIAN	4793146000
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

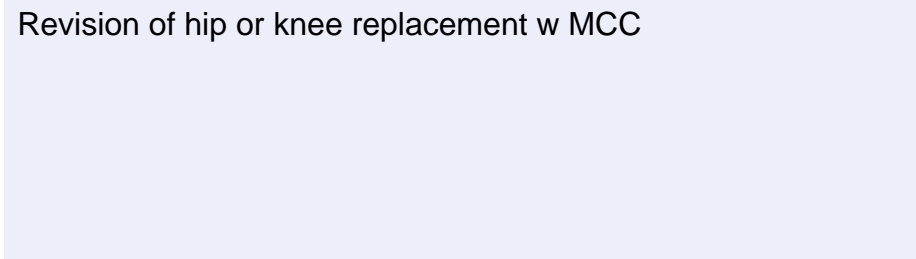


Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13837.00	12
	\$16930.00	13
	\$25385.00	*
	\$23967.00	*
	\$16145.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

040062	ST EDWARD MERCY MEDICAL CENTER	7301 ROGERS AVE
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040071	JEFFERSON REGIONAL MEDICAL CENTER	1600 WEST 40TH AVENUE
--------	--------------------------------------	-----------------------

040071	JEFFERSON REGIONAL MEDICAL CENTER	1600 WEST 40TH AVENUE
--------	--------------------------------------	-----------------------

040071	JEFFERSON REGIONAL MEDICAL CENTER	1600 WEST 40TH AVENUE
--------	--------------------------------------	-----------------------

040078	NATIONAL PARK MEDICAL CENTER	1910 MALVERN AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

FORT SMITH AR

PINE BLUFF AR

PINE BLUFF AR

PINE BLUFF AR

HOT SPRINGS AR

# knee

Based on Hospital Medicare Payment And Volume Measures

72917	SEBASTIAN	4793146000
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71603	JEFFERSON	8705417100
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71603	JEFFERSON	8705417100
-------	-----------	------------

71603	JEFFERSON	8705417100
-------	-----------	------------

71901	GARLAND	5013211000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12914.00 \*

\$13027.00 \*

\$19347.00 \*

\$25239.00 \*

\$15045.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

040078

NATIONAL PARK MEDICAL CENTER

1910 MALVERN AVENUE

040080

HARRIS HOSPITAL

1205 MCLAIN STREET

040084

SALINE MEMORIAL HOSPITAL

#1 MEDICAL PARK DRIVE

040084

SALINE MEMORIAL HOSPITAL

#1 MEDICAL PARK DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

HOT SPRINGS AR

NEWPORT AR

BENTON AR

BENTON AR

# knee

Based on Hospital Medicare Payment And Volume Measures

71901

GARLAND

5013211000

72112

JACKSON

8705238911

72015

SALINE

5017766000

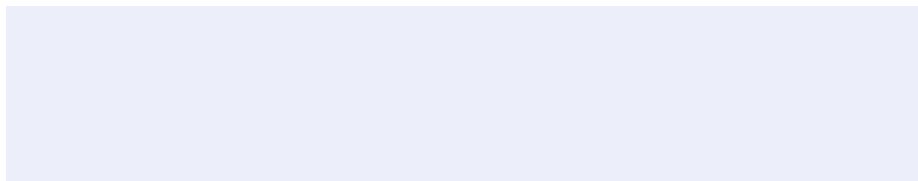
72015

SALINE

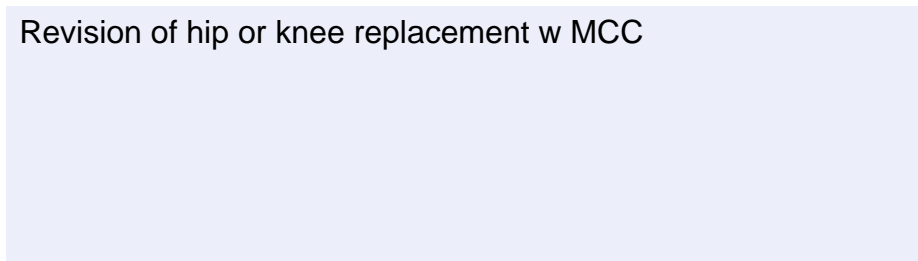
5017766000

# knee

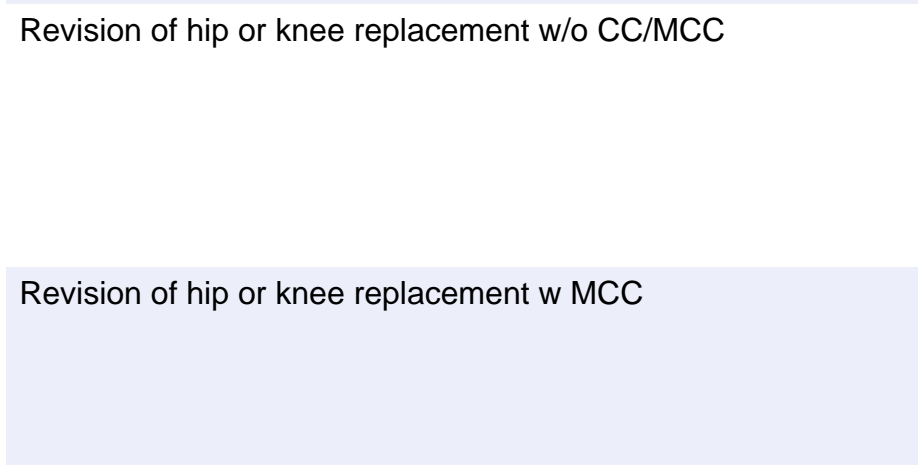
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$10076.00 \*

\$25257.00 \*

\$13145.00 \*

\$19764.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

040088	MEDICAL CENTER SOUTH ARKANSAS	700 WEST GROVE STREET
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040088	MEDICAL CENTER SOUTH ARKANSAS	700 WEST GROVE STREET
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040114	BAPTIST HEALTH MEDICAL CENTER- LITTLE ROCK	9601 INTERSTATE 630, EXIT 7
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040114	BAPTIST HEALTH MEDICAL CENTER- LITTLE ROCK	9601 INTERSTATE 630, EXIT 7
--------	---	--------------------------------

040114	BAPTIST HEALTH MEDICAL CENTER- LITTLE ROCK	9601 INTERSTATE 630, EXIT 7
--------	---	--------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

EL DORADO AR

EL DORADO AR

LITTLE ROCK AR

LITTLE ROCK AR

LITTLE ROCK AR



# knee

Based on Hospital Medicare Payment And Volume Measures

71731	UNION	8708632000
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71731	UNION	8708632000
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72205	PULASKI	5012022000
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72205	PULASKI	5012022000
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72205	PULASKI	5012022000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$6954.00 \*

\$13855.00 \*

\$13806.00

13

\$14387.00 \*

\$13838.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

040118	NEA BAPTIST MEMORIAL HOSPITAL	3024 STADIUM BOULEVARD
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040118	NEA BAPTIST MEMORIAL HOSPITAL	3024 STADIUM BOULEVARD
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040118	NEA BAPTIST MEMORIAL HOSPITAL	3024 STADIUM BOULEVARD
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040119	WHITE RIVER MEDICAL CENTER	1710 HARRISON STREET
--------	----------------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

JONESBORO AR

JONESBORO AR

JONESBORO AR

BATESVILLE AR

# knee

Based on Hospital Medicare Payment And Volume Measures

72401

CRAIGHEAD

8709727000

72401

CRAIGHEAD

8709727000

72401

CRAIGHEAD

8709727000

72503

INDEPENDENCE

8702621200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$26726.00 \*

\$15452.00 \*

\$14386.00 \*

\$18598.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

040137	ST VINCENT MEDICAL CENTER/NORTH	2215 WILDWOOD AVENUE
040142	HEALTHPARK HOSPITAL	1636 HIGDON FERRY ROAD
040142	HEALTHPARK HOSPITAL	1636 HIGDON FERRY ROAD
040147	ARKANSAS SURGICAL HOSPITAL	5201 NORTH SHORE DRIVE
040147	ARKANSAS SURGICAL HOSPITAL	5201 NORTH SHORE DRIVE
050002	ST ROSE HOSPITAL	27200 CALAROGA AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SHERWOOD AR

HOT SPRINGS AR

HOT SPRINGS AR

NO LITTLE ROCK AR

NO LITTLE ROCK AR

HAYWARD CA

# knee

Based on Hospital Medicare Payment And Volume Measures

72120	PULASKI	5015527100
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71913	GARLAND	5015202000
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71913	GARLAND	5015202000
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72118	PULASKI	5017488000
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72118	PULASKI	5017488000
-------	---------	------------

94545	ALAMEDA	5107826200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13008.00 \*

\$16063.00 14



\$12553.00 26



\$26067.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050002	ST ROSE HOSPITAL	27200 CALAROGA AVE
--------	------------------	--------------------

050002	ST ROSE HOSPITAL	27200 CALAROGA AVE
--------	------------------	--------------------

050006	ST JOSEPH HOSPITAL	2700 DOLBEER ST
--------	--------------------	-----------------

050006	ST JOSEPH HOSPITAL	2700 DOLBEER ST
--------	--------------------	-----------------

050006	ST JOSEPH HOSPITAL	2700 DOLBEER ST
--------	--------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HAYWARD CA

HAYWARD CA

EUREKA CA

EUREKA CA

EUREKA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94545	ALAMEDA	5107826200
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94545	ALAMEDA	5107826200
-------	---------	------------

95501	HUMBOLDT	7074438051
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95501	HUMBOLDT	7074438051
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95501	HUMBOLDT	7074438051
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$32705.00 \*

\$48509.00 \*

\$23611.00 \*

\$23472.00 \*

\$18844.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050007

PENINSULA MEDICAL CENTER

1501 TROUSDALE DRIVE

050007

PENINSULA MEDICAL CENTER

1501 TROUSDALE DRIVE

050007

PENINSULA MEDICAL CENTER

1501 TROUSDALE DRIVE

050008

CALIFORNIA PACIFIC MEDICAL CTR-  
DAVIES CAMPUS HOSP

45 CASTRO STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BURLINGAME CA

BURLINGAME CA

BURLINGAME CA

SAN FRANCISCO CA



# knee

Based on Hospital Medicare Payment And Volume Measures

94010

SAN MATEO

6506965270

94010

SAN MATEO

6506965270

94010

SAN MATEO

6506965270

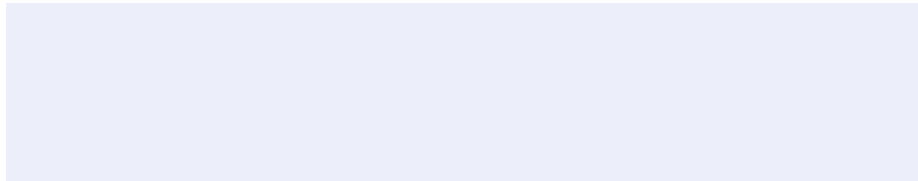
94114

SAN FRANCISCO

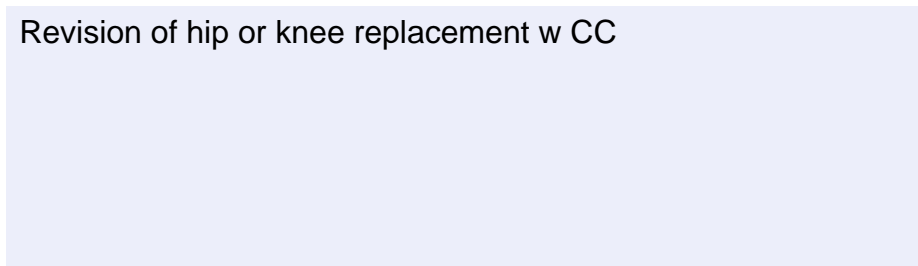
4156006000

# knee

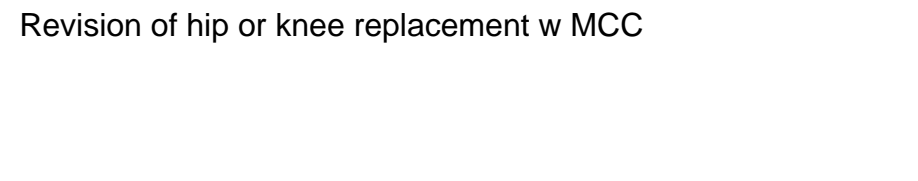
Based on Hospital Medicare Payment And Volume Measures



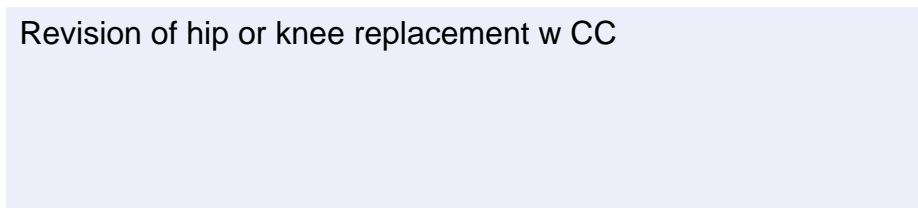
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18524.00 \*

\$23156.00 \*

\$27847.00 \*

\$25245.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050009	QUEEN OF THE VALLEY MEDICAL CENTER	1000 TRANCAS ST
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050009	QUEEN OF THE VALLEY MEDICAL CENTER	1000 TRANCAS ST
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050009	QUEEN OF THE VALLEY MEDICAL CENTER	1000 TRANCAS ST
--------	---------------------------------------	-----------------

050013	ST HELENA HOSPITAL	10 WOODLAND ROAD
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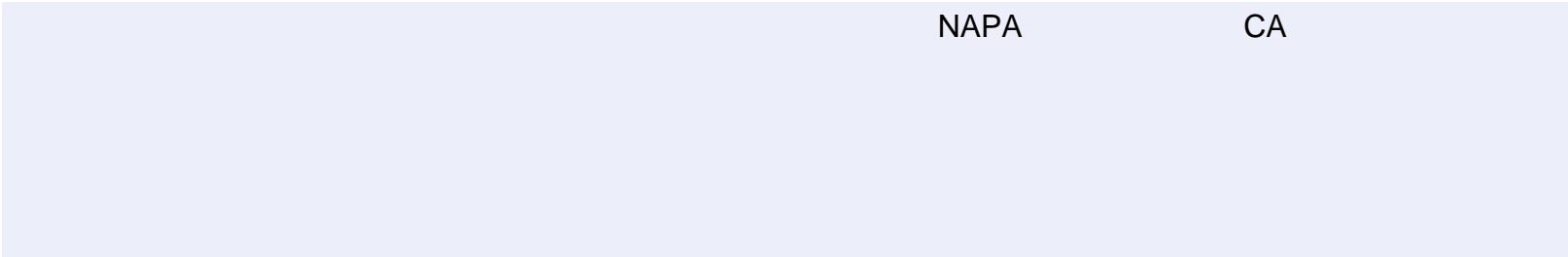
# knee

Based on Hospital Medicare Payment And Volume Measures



NAPA

CA



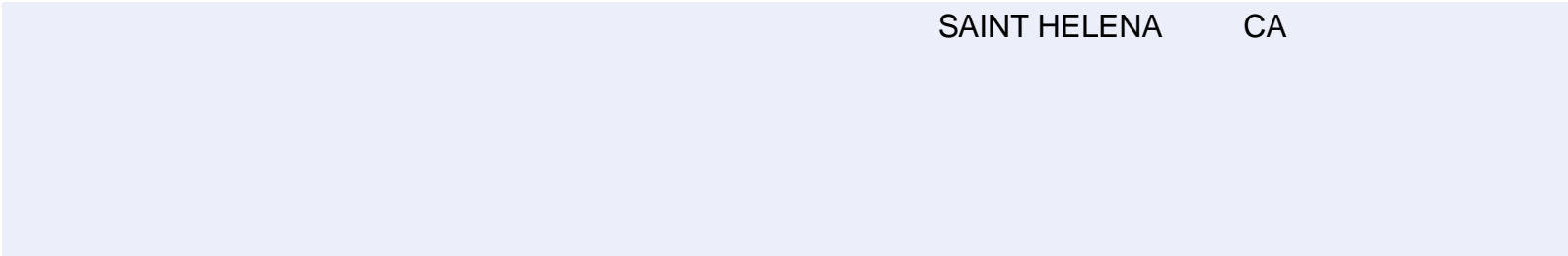
NAPA

CA



NAPA

CA



SAINT HELENA

CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94558

NAPA

7072524411

94558

NAPA

7072524411

94558

NAPA

7072524411

94574

NAPA

7079675899

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$19147.00 \*

\$23938.00 \*

\$35680.00 \*

\$19548.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050014	SUTTER AMADOR HOSPITAL	200 MISSION BLVD
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050014	SUTTER AMADOR HOSPITAL	200 MISSION BLVD
--------	------------------------	------------------

050014	SUTTER AMADOR HOSPITAL	200 MISSION BLVD
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050016	ARROYO GRANDE COMMUNITY HOSPITAL	345 S HALCYON RD
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050016	ARROYO GRANDE COMMUNITY HOSPITAL	345 S HALCYON RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSON CA

JACKSON CA

JACKSON CA

ARROYO GRANDE CA

ARROYO GRANDE CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95642	AMADOR	2092237500
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95642	AMADOR	2092237500
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95642	AMADOR	2092237500
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93420	SAN LUIS OBISPO	8054894261
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93420	SAN LUIS OBISPO	8054894261
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22960.00 \*

\$22809.00 \*

\$33831.00 \*

\$16114.00 \*

\$15467.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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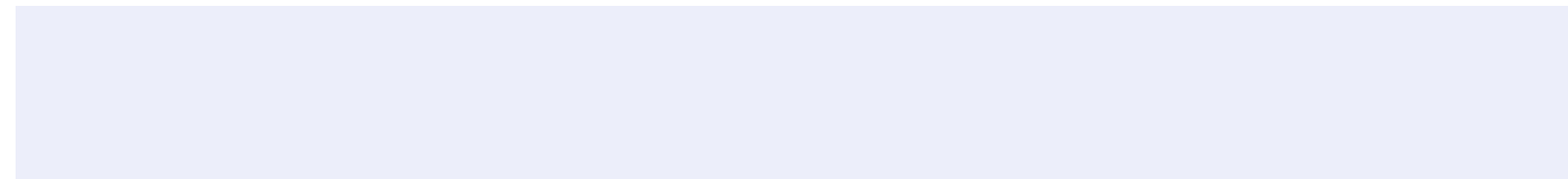
# knee

Based on Hospital Medicare Payment And Volume Measures

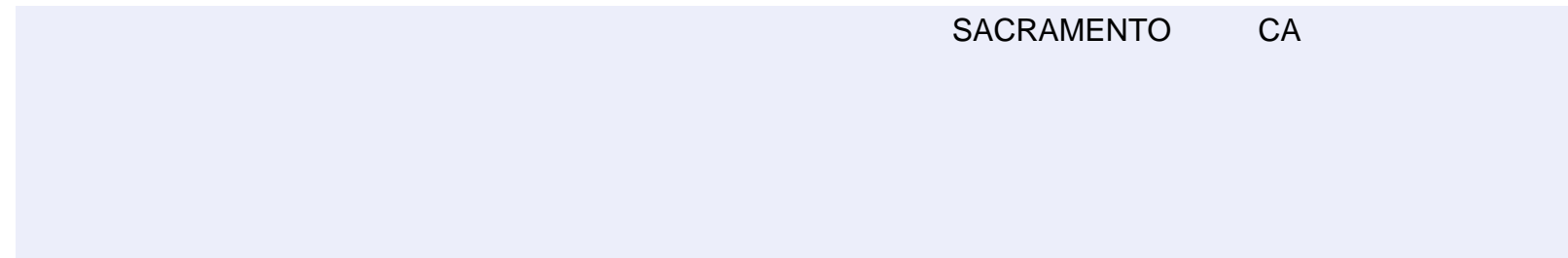
050017	MERCY GENERAL HOSPITAL	4001 J ST
050017	MERCY GENERAL HOSPITAL	4001 J ST
050017	MERCY GENERAL HOSPITAL	4001 J ST
050018	PACIFIC ALLIANCE MEDICAL CENTER	531 W COLLEGE ST
050022	RIVERSIDE COMMUNITY HOSPITAL	4445 MAGNOLIA AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

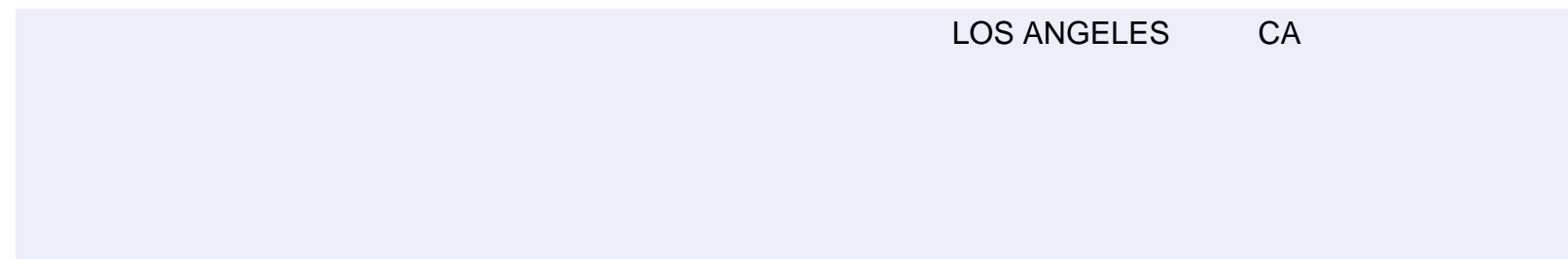


SACRAMENTO CA



SACRAMENTO CA

SACRAMENTO CA



LOS ANGELES CA

RIVERSIDE CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95819	SACRAMENTO	9164534545
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95819	SACRAMENTO	9164534545
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95819	SACRAMENTO	9164534545
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90012	LOS ANGELES	2136248411
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92501	RIVERSIDE	9517883000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17745.00	12
	\$24228.00 *	
	\$12270.00 *	
	\$34706.00 *	
	\$1046.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050024	PARADISE VALLEY HOSPITAL	2400 EAST FOURTH STREET
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050025	UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	200 WEST ARBOR DRIVE
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050025	UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	200 WEST ARBOR DRIVE
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050025	UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	200 WEST ARBOR DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

NATIONAL CITY CA

SAN DIEGO CA

SAN DIEGO CA

SAN DIEGO CA



# knee

Based on Hospital Medicare Payment And Volume Measures

91950

SAN DIEGO

6194704321

92103

SAN DIEGO

6195436222

92103

SAN DIEGO

6195436222

92103

SAN DIEGO

6195436222

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$42459.00 \*

\$24169.00 \*

\$65540.00 \*

\$27580.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

050026	GROSSMONT HOSPITAL	5555 GROSSMONT CENTER DRIVE BOX 58
050026	GROSSMONT HOSPITAL	5555 GROSSMONT CENTER DRIVE BOX 58
050026	GROSSMONT HOSPITAL	5555 GROSSMONT CENTER DRIVE BOX 58
050030	OROVILLE HOSPITAL	2767 OLIVE HIGHWAY
050030	OROVILLE HOSPITAL	2767 OLIVE HIGHWAY
050036	BAKERSFIELD MEMORIAL HOSPITAL	420 34TH ST BOX 1888

# knee

Based on Hospital Medicare Payment And Volume Measures

LA MESA	CA
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LA MESA	CA
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LA MESA	CA
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OROVILLE	CA
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OROVILLE	CA
----------	----

BAKERSFIELD	CA
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# knee

Based on Hospital Medicare Payment And Volume Measures

91942	SAN DIEGO	6194650711
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91942	SAN DIEGO	6194650711
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91942	SAN DIEGO	6194650711
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95966	BUTTE	5305338500
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95966	BUTTE	5305338500
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93301	KERN	6613271792
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$22219.00	15
	\$151966.00 *	
	\$18280.00	13
	\$18554.00 *	
	\$23196.00 *	
	\$22831.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050036	BAKERSFIELD MEMORIAL HOSPITAL	420 34TH ST BOX 1888
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050036	BAKERSFIELD MEMORIAL HOSPITAL	420 34TH ST BOX 1888
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050038	SANTA CLARA VALLEY MEDICAL CENTER	751 SOUTH BASCOM AVENUE
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050038	SANTA CLARA VALLEY MEDICAL CENTER	751 SOUTH BASCOM AVENUE
--------	--------------------------------------	----------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

BAKERSFIELD CA

BAKERSFIELD CA

SAN JOSE CA

SAN JOSE CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93301	KERN	6613271792
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93301	KERN	6613271792
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95128	SANTA CLARA	4088855000
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95128	SANTA CLARA	4088855000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$33863.00 \*

\$1068.00 \*

\$18069.00 \*

\$41153.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050038	SANTA CLARA VALLEY MEDICAL CENTER	751 SOUTH BASCOM AVENUE
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050039	ENLOE MEDICAL CENTER	1531 ESPLANADE
--------	----------------------	----------------

050039	ENLOE MEDICAL CENTER	1531 ESPLANADE
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050039	ENLOE MEDICAL CENTER	1531 ESPLANADE
--------	----------------------	----------------

050042	ST ELIZABETH COMMUNITY	2550 SISTER MARY
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# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

95128	SANTA CLARA	4088855000
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95926	BUTTE	5303327300
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95926	BUTTE	5303327300
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95926	BUTTE	5303327300
-------	-------	------------

96080	TEHAMA	5305298012
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

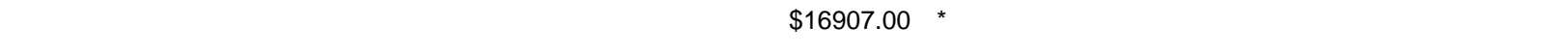
Based on Hospital Medicare Payment And Volume Measures



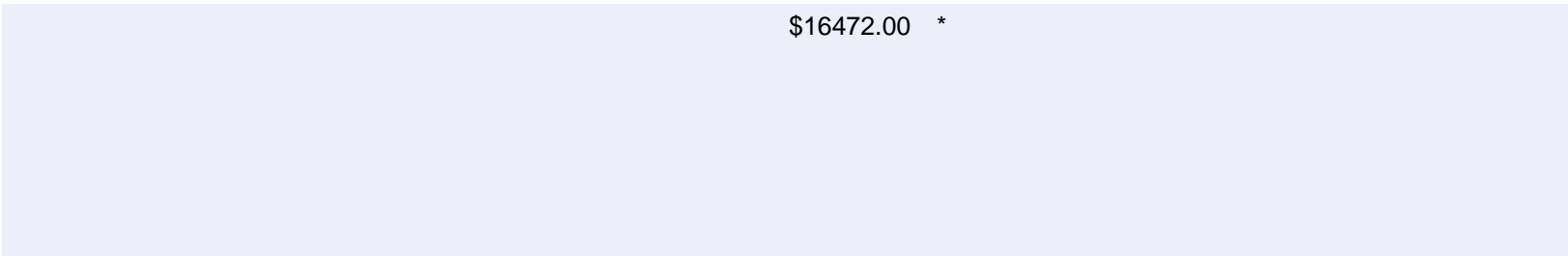
\$22477.00 \*



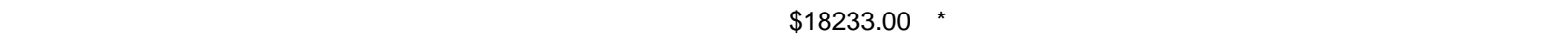
\$20593.00 \*



\$16907.00 \*



\$16472.00 \*



\$18233.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

	HOSPITAL	COLUMBA DRIVE
050042	ST ELIZABETH COMMUNITY HOSPITAL	2550 SISTER MARY COLUMBA DRIVE
050042	ST ELIZABETH COMMUNITY HOSPITAL	2550 SISTER MARY COLUMBA DRIVE
050043	ALTA BATES SUMMIT MEDICAL CENTER	350 HAWTHORNE AVENUE
050043	ALTA BATES SUMMIT MEDICAL CENTER	350 HAWTHORNE AVENUE
050043	ALTA BATES SUMMIT MEDICAL CENTER	350 HAWTHORNE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

	RED BLUFF	CA
	RED BLUFF	CA
	OAKLAND	CA
	OAKLAND	CA
	OAKLAND	CA



# knee

Based on Hospital Medicare Payment And Volume Measures

96080	TEHAMA	5305298012
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96080	TEHAMA	5305298012
-------	--------	------------

94609	ALAMEDA	5106554000
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94609	ALAMEDA	5106554000
-------	---------	------------

94609	ALAMEDA	5106554000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22742.00 15

\$18191.00 \*

\$23643.00 11

\$24632.00 \*

\$18.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050045	EL CENTRO REGIONAL MEDICAL CENTER	1415 ROSS AVENUE
050046	OJAI VALLEY COMMUNITY HOSPITAL	1306 MARICOPA HWY
050047	CALIFORNIA PACIFIC MEDICAL CTR- PACIFIC CAMPUS HOSP	2333 BUCHANAN STREET
050047	CALIFORNIA PACIFIC MEDICAL CTR- PACIFIC CAMPUS HOSP	2333 BUCHANAN STREET
050047	CALIFORNIA PACIFIC MEDICAL CTR- PACIFIC CAMPUS HOSP	2333 BUCHANAN STREET
050055	CALIFORNIA PACIFIC MEDICAL CTR - ST. LUKE'S CAMPUS	3555 CESAR CHAVEZ STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

EL CENTRO CA

OJAI CA

SAN FRANCISCO CA

SAN FRANCISCO CA

SAN FRANCISCO CA

SAN FRANCISCO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92243	IMPERIAL	7603397100
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93023	VENTURA	8056402280
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94115	SAN FRANCISCO	4156006000
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94115	SAN FRANCISCO	4156006000
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94115	SAN FRANCISCO	4156006000
-------	---------------	------------

94110	SAN FRANCISCO	4156416562
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$19995.00 \*



\$27405.00 29



\$21920.00 31



# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

050055	CALIFORNIA PACIFIC MEDICAL CTR - ST. LUKE'S CAMPUS	3555 CESAR CHAVEZ STREET
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050056	ANTELOPE VALLEY HOSPITAL MED CENTER	1600 W AVE J
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050056	ANTELOPE VALLEY HOSPITAL MED CENTER	1600 W AVE J
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050057	KAWEAH DELTA MEDICAL CENTER	400 W MINERAL KING AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAN FRANCISCO CA

LANCASTER CA

LANCASTER CA

VISALIA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94110	SAN FRANCISCO	4156416562
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93534	LOS ANGELES	6619495501
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93534	LOS ANGELES	6619495501
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93291	TULARE	5596242000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$33560.00 \*

\$21155.00 \*

\$26285.00 \*

\$32106.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050057	KAWEAH DELTA MEDICAL CENTER	400 W MINERAL KING AVE
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050058	GLENDALÉ MEM HOSPITAL & HLTH CENTER	1420 S CENTRAL AVE
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050058	GLENDALÉ MEM HOSPITAL & HLTH CENTER	1420 S CENTRAL AVE
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050060	COMMUNITY REGIONAL MEDICAL CENTER	2823 FRESNO STREET
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050060	COMMUNITY REGIONAL MEDICAL	2823 FRESNO STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

VISALIA

CA

GLENDAL

CA

GLENDAL

CA

FRESNO

CA

FRESNO

CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93291	TULARE	5596242000
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91204	LOS ANGELES	8185021900
-------	-------------	------------

91204	LOS ANGELES	8185021900
-------	-------------	------------

93715	FRESNO	5594596000
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93715	FRESNO	5594596000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

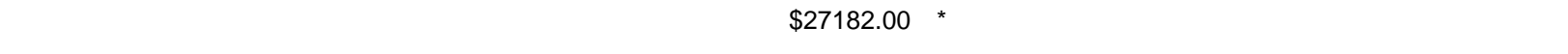
Based on Hospital Medicare Payment And Volume Measures



\$19155.00 \*



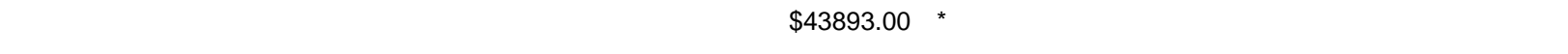
\$23664.00 \*



\$27182.00 \*



\$24661.00 \*



\$43893.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

050060	COMMUNITY REGIONAL MEDICAL CENTER	2823 FRESNO STREET
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050063	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	1300 N VERMONT AVE
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050063	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	1300 N VERMONT AVE
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050067	OAK VALLEY DISTRICT HOSPITAL	350 S OAK AVE
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050069	ST JOSEPH HOSPITAL	1100 WEST STEWART DR
--------	--------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

FRESNO CA

LOS ANGELES CA

LOS ANGELES CA

OAKDALE CA

ORANGE CA



# knee

Based on Hospital Medicare Payment And Volume Measures

93715	FRESNO	5594596000
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90028	LOS ANGELES	2134133000
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90028	LOS ANGELES	2134133000
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95361	STANISLAUS	2098473011
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92868	ORANGE	7146339111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23671.00

12

\$27233.00 \*

\$47721.00 \*

\$17331.00 \*

\$17352.00

22

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050069	ST JOSEPH HOSPITAL	1100 WEST STEWART DR
050069	ST JOSEPH HOSPITAL	1100 WEST STEWART DR
050071	KAISER FOUNDATION HOSPITAL- SANTA CLARA	700 LAWRENCE EXPRESSWAY
050071	KAISER FOUNDATION HOSPITAL- SANTA CLARA	700 LAWRENCE EXPRESSWAY
050071	KAISER FOUNDATION HOSPITAL- SANTA CLARA	700 LAWRENCE EXPRESSWAY
050072	KAISER FOUNDATION HOSPITAL -	1425 S MAIN ST

# knee

Based on Hospital Medicare Payment And Volume Measures

ORANGE CA

ORANGE CA

SANTA CLARA CA

SANTA CLARA CA

SANTA CLARA CA

WALNUT CREEK CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92868	ORANGE	7146339111
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92868	ORANGE	7146339111
-------	--------	------------

95051	SANTA CLARA	4082366400
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95051	SANTA CLARA	4082366400
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95051	SANTA CLARA	4082366400
-------	-------------	------------

94596	CONTRA COSTA	9252954000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$31440.00 *	
	\$18236.00	46
	\$2274.00 *	
	\$3949.00 *	
	\$2844.00 *	
	\$333.00	21

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050072	WALNUT CREEK KAISER FOUNDATION HOSPITAL - WALNUT CREEK	1425 S MAIN ST
050072	KAISER FOUNDATION HOSPITAL - WALNUT CREEK	1425 S MAIN ST
050073	KAISER FOUNDATION HOSPITAL AND REHAB CENTER	975 SERENO DR
050073	KAISER FOUNDATION HOSPITAL AND REHAB CENTER	975 SERENO DR
050073	KAISER FOUNDATION HOSPITAL AND REHAB CENTER	975 SERENO DR
050075	KAISER FOUNDATION HOSPITAL OAKLAND/RICHMOND	280 W MAC ARTHUR BLVD
050075	KAISER FOUNDATION HOSPITAL	280 W MAC ARTHUR BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

WALNUT CREEK CA

WALNUT CREEK CA

VALLEJO CA

VALLEJO CA

VALLEJO CA

OAKLAND CA

OAKLAND CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94596	CONTRA COSTA	9252954000
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94596	CONTRA COSTA	9252954000
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94589	SOLANO	7076511000
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94589	SOLANO	7076511000
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94589	SOLANO	7076511000
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94611	ALAMEDA	5107521000
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94611	ALAMEDA	5107521000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$12274.00 \*

\$267.00	11
----------	----

\$179.00 \*

\$314.00 \*

\$224.00	11
----------	----

\$2280.00	18
-----------	----

\$3370.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## OAKLAND/RICHMOND

050075	KAISER FOUNDATION HOSPITAL OAKLAND/RICHMOND	280 W MAC ARTHUR BLVD
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050076	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	2425 GEARY BLVD
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050076	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	2425 GEARY BLVD
--------	---	-----------------

050076	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	2425 GEARY BLVD
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050077	SCRIPPS MERCY HOSPITAL	4077 5TH AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

OAKLAND CA

SAN FRANCISCO CA

SAN FRANCISCO CA

SAN FRANCISCO CA

SAN DIEGO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94611	ALAMEDA	5107521000
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94115	SAN FRANCISCO	4158332646
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94115	SAN FRANCISCO	4158332646
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94115	SAN FRANCISCO	4158332646
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92103	SAN DIEGO	6192948111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1824.00

14

\$2195.00 \*

\$4199.00 \*

\$2182.00 \*

\$26347.00

19

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050077	SCRIPPS MERCY HOSPITAL	4077 5TH AVE
050077	SCRIPPS MERCY HOSPITAL	4077 5TH AVE
050078	PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO	1300 W 7TH ST
050079	DOCTORS MEDICAL CENTER-SAN PABLO	2000 VALE RD
050082	ST JOHNS REGIONAL MEDICAL CENTER	1600 N ROSE AVE
050082	ST JOHNS REGIONAL MEDICAL	1600 N ROSE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN DIEGO CA

SAN DIEGO CA

SAN PEDRO CA

SAN PABLO CA

OXNARD CA

OXNARD CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92103	SAN DIEGO	6192948111
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92103	SAN DIEGO	6192948111
-------	-----------	------------

90732	LOS ANGELES	3108323311
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94806	CONTRA COSTA	5109705000
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93030	VENTURA	8059882500
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93030	VENTURA	8059882500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$38744.00 \*

\$20807.00

21

\$17832.00 \*

\$30145.00 \*

\$18427.00 \*

\$22925.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

050084	ST JOSEPHS MED CENTER OF STOCKTON	1800 N CALIFORNIA ST
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050090	SONOMA VALLEY HOSPITAL	347 ANDRIEUX ST
--------	------------------------	-----------------

050090	SONOMA VALLEY HOSPITAL	347 ANDRIEUX ST
--------	------------------------	-----------------

050093	SAINT AGNES MEDICAL CENTER	1303 E HERNDON AVE
--------	----------------------------	--------------------

050093	SAINT AGNES MEDICAL CENTER	1303 E HERNDON AVE
--------	----------------------------	--------------------

050093	SAINT AGNES MEDICAL CENTER	1303 E HERNDON AVE
--------	----------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

STOCKTON CA

SONOMA CA

SONOMA CA

FRESNO CA

FRESNO CA

FRESNO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95204	SAN JOAQUIN	2099432000
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95476	SONOMA	7079355106
-------	--------	------------

95476	SONOMA	7079355106
-------	--------	------------

93710	FRESNO	5594503000
-------	--------	------------

93710	FRESNO	5594503000
-------	--------	------------

93710	FRESNO	5594503000
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21584.00	*
	\$24589.00	*
	\$19668.00	*
	\$17731.00	32
	\$22168.00	21
	\$31992.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050096	DOCTORS HOSPITAL OF WEST COVINA, INC	725 S ORANGE AVE
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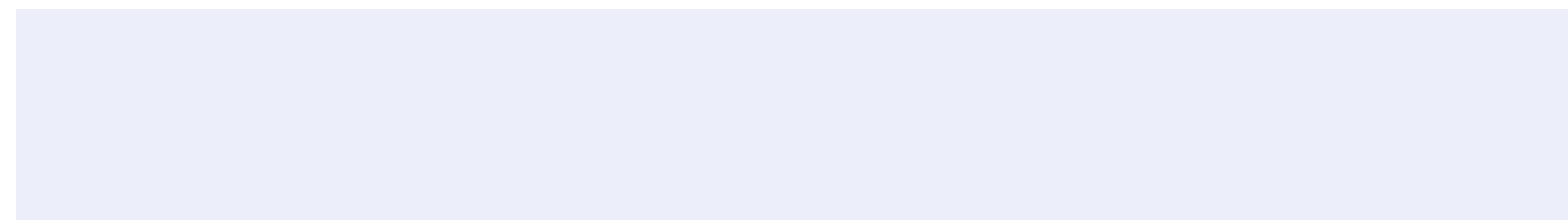
050099	SAN ANTONIO COMMUNITY HOSPITAL	999 SAN BERNARDINO RD
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050099	SAN ANTONIO COMMUNITY HOSPITAL	999 SAN BERNARDINO RD
--------	-----------------------------------	-----------------------

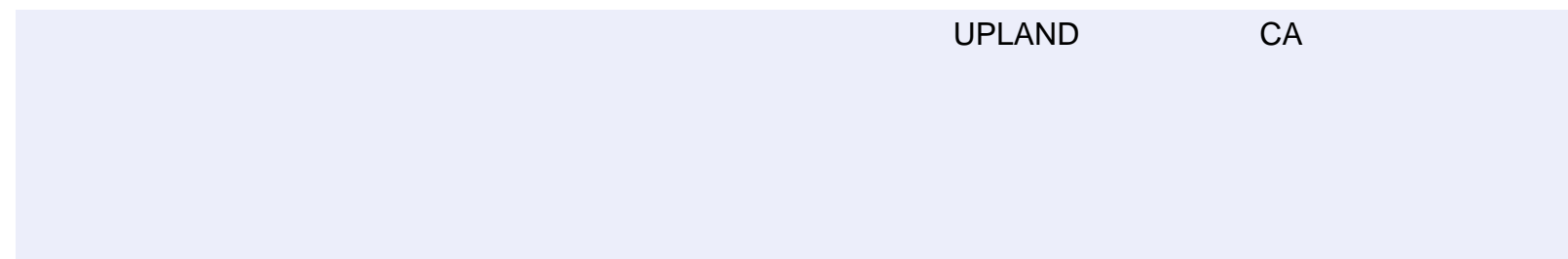
050099	SAN ANTONIO COMMUNITY HOSPITAL	999 SAN BERNARDINO RD
--------	-----------------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures



WEST COVINA CA



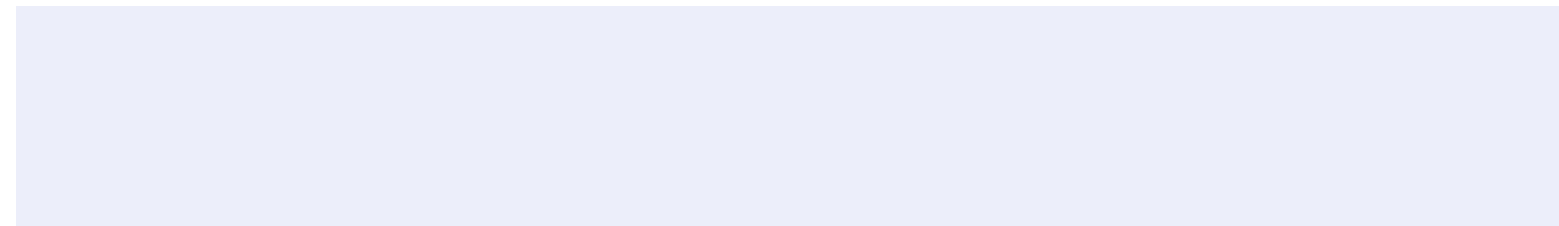
UPLAND CA



UPLAND CA

# knee

Based on Hospital Medicare Payment And Volume Measures



91790

LOS ANGELES

6263388481



91786

SAN BERNARDINO

7149852811



91786

SAN BERNARDINO

7149852811



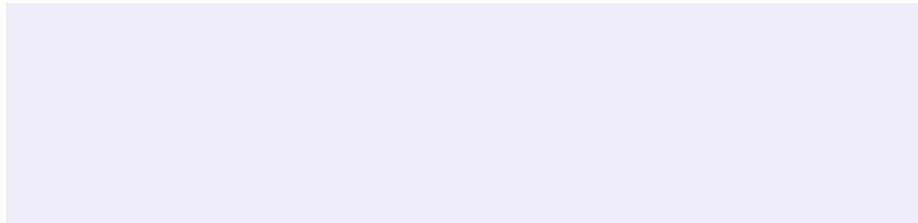
91786

SAN BERNARDINO

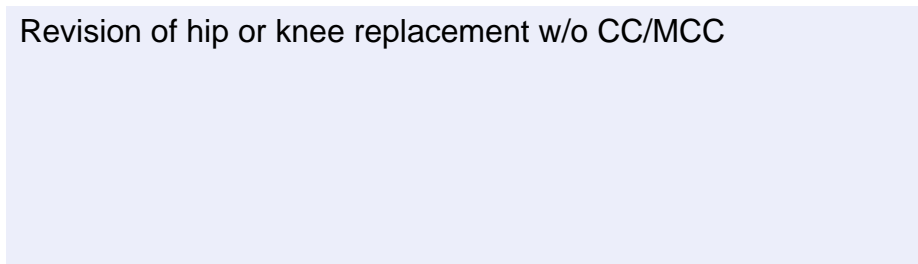
7149852811

# knee

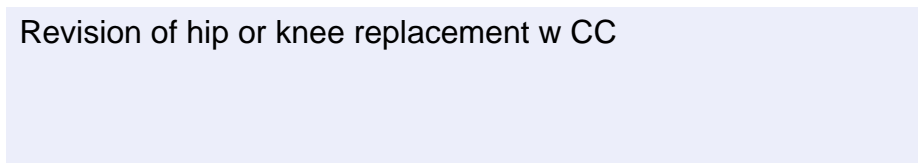
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



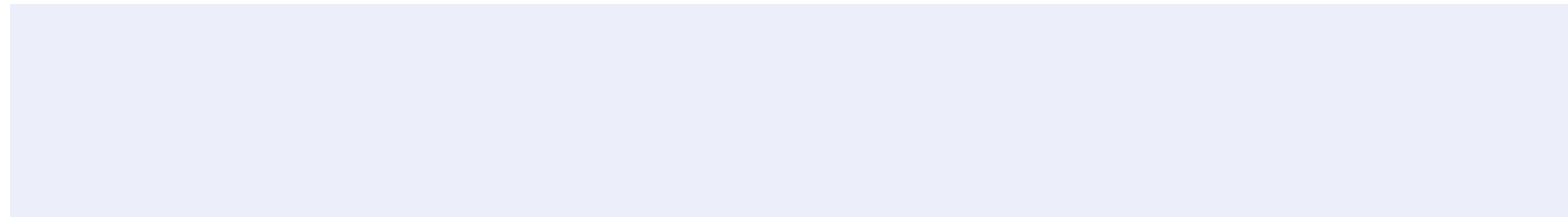
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$17847.00 \*



\$9233.00 \*



\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050100	SHARP MEMORIAL HOSPITAL	7901 FROST ST
050100	SHARP MEMORIAL HOSPITAL	7901 FROST ST
050100	SHARP MEMORIAL HOSPITAL	7901 FROST ST
050101	SUTTER SOLANO MEDICAL CENTER	300 HOSPITAL DR
050101	SUTTER SOLANO MEDICAL CENTER	300 HOSPITAL DR
050101	SUTTER SOLANO MEDICAL CENTER	300 HOSPITAL DR
050101	SUTTER SOLANO MEDICAL CENTER	300 HOSPITAL DR

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN DIEGO CA

SAN DIEGO CA

SAN DIEGO CA

VALLEJO CA

VALLEJO CA

VALLEJO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92123	SAN DIEGO	8589393400
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92123	SAN DIEGO	8589393400
-------	-----------	------------

92123	SAN DIEGO	8589393400
-------	-----------	------------

94589	SOLANO	7075545280
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94589	SOLANO	7075545280
-------	--------	------------

94589	SOLANO	7075545280
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21664.00	26
	\$26922.00 *	
	\$17329.00	24
	\$24189.00 *	
	\$40398.00 *	
	\$30098.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050102	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	3865 JACKSON STREET
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050102	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	3865 JACKSON STREET
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050103	WHITE MEMORIAL MEDICAL CENTER	1720 E CESAR AVENUE
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050103	WHITE MEMORIAL MEDICAL CENTER	1720 E CESAR AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

RIVERSIDE CA

RIVERSIDE CA

LOS ANGELES CA

LOS ANGELES CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92503

RIVERSIDE

9516882211

92503

RIVERSIDE

9516882211

90033

LOS ANGELES

3232685000

90033

LOS ANGELES

3232685000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$20225.00 \*

\$1169.00 \*

\$26457.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

050103	WHITE MEMORIAL MEDICAL CENTER	1720 E CESAR AVENUE
--------	-------------------------------	---------------------

050104	SAINT FRANCIS MEDICAL CENTER	3630 EAST IMPERIAL HIGHWAY
--------	------------------------------	-------------------------------

050104	SAINT FRANCIS MEDICAL CENTER	3630 EAST IMPERIAL HIGHWAY
--------	------------------------------	-------------------------------

050107	MARIAN MEDICAL CENTER	1400 E CHURCH ST
--------	-----------------------	------------------

050107	MARIAN MEDICAL CENTER	1400 E CHURCH ST
--------	-----------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LOS ANGELES CA

LYNWOOD CA

LYNWOOD CA

SANTA MARIA CA

SANTA MARIA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

90033	LOS ANGELES	3232685000
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90262	LOS ANGELES	3109008900
-------	-------------	------------

90262	LOS ANGELES	3109008900
-------	-------------	------------

93454	SANTA BARBARA	8057393000
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93454	SANTA BARBARA	8057393000
-------	---------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

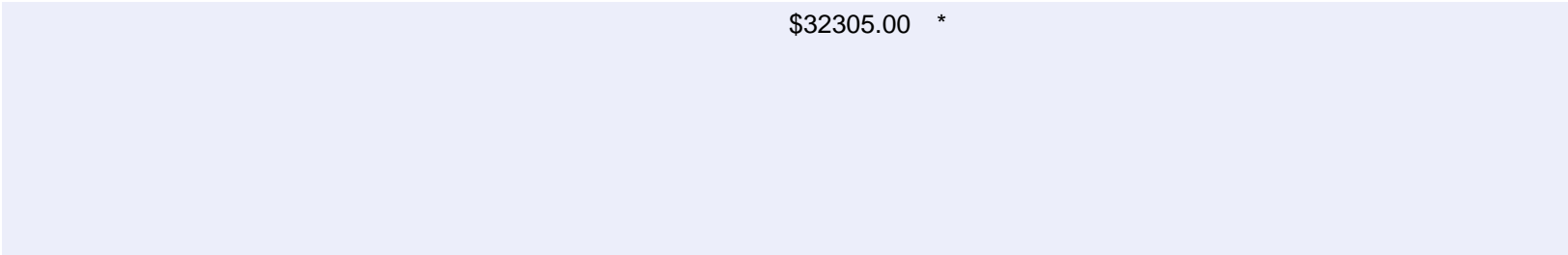


# knee

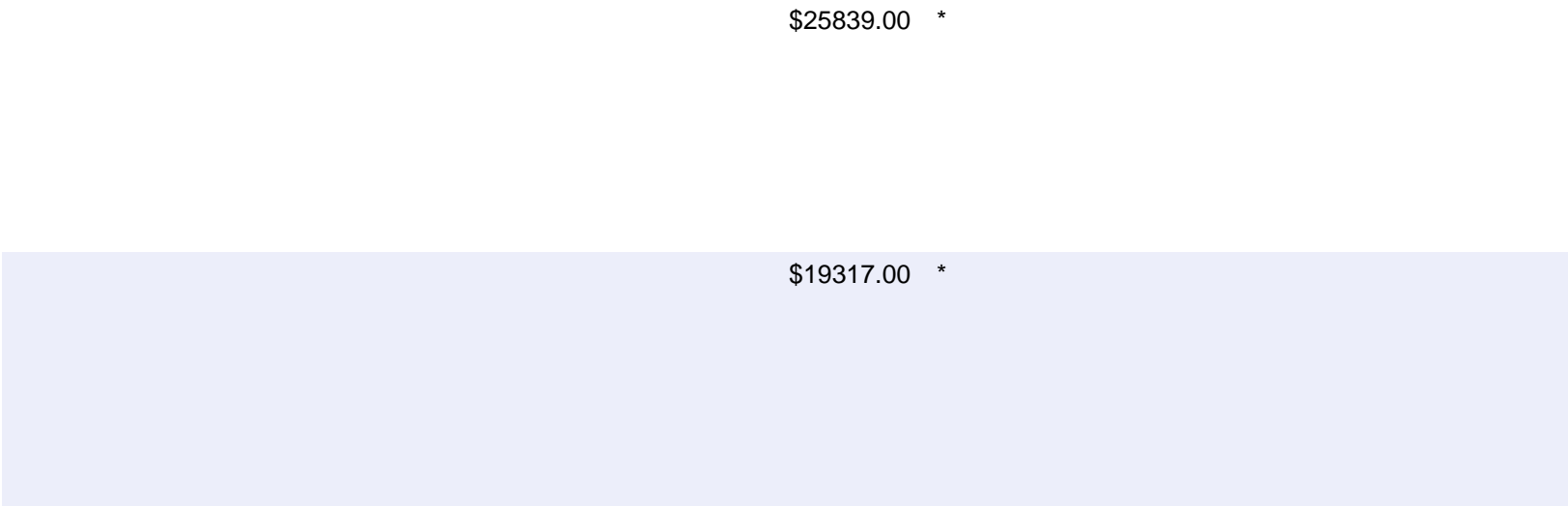
Based on Hospital Medicare Payment And Volume Measures



\$47090.00 \*

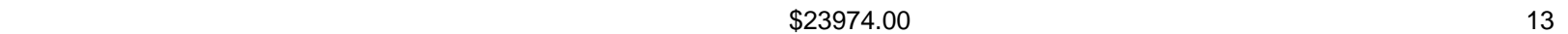


\$32305.00 \*



\$25839.00 \*

\$19317.00 \*



\$23974.00

13

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050108	SUTTER GENERAL HOSPITAL	2801 L STREET
050108	SUTTER GENERAL HOSPITAL	2801 L STREET
050108	SUTTER GENERAL HOSPITAL	2801 L STREET
050110	LOMPOC VALLEY MEDICAL CENTER	1515 E OCEAN AVENUE
050110	LOMPOC VALLEY MEDICAL CENTER	1515 E OCEAN AVENUE
050112	SANTA MONICA - UCLA MED CTR & ORTHOPAEDIC HOSPITAL	1250 16TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

SACRAMENTO	CA
------------	----

SACRAMENTO	CA
------------	----

SACRAMENTO	CA
------------	----

LOMPOC	CA
--------	----

LOMPOC	CA
--------	----

SANTA MONICA	CA
--------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

95816	SACRAMENTO	9167338999
95816	SACRAMENTO	9167338999

95816	SACRAMENTO	9167338999
93436	SANTA BARBARA	8057373300

93436	SANTA BARBARA	8057373300
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90404	LOS ANGELES	3103194000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

knee

Based on Hospital Medicare Payment And Volume Measures

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050112	SANTA MONICA - UCLA MED CTR & ORTHOPAEDIC HOSPITAL	1250 16TH STREET
050112	SANTA MONICA - UCLA MED CTR & ORTHOPAEDIC HOSPITAL	1250 16TH STREET
050113	SAN MATEO MEDICAL CENTER	222 W 39TH AVE
050113	SAN MATEO MEDICAL CENTER	222 W 39TH AVE
050115	PALOMAR MEDICAL CENTER	555 E VALLEY PARKWAY
050115	PALOMAR MEDICAL CENTER	555 E VALLEY PARKWAY
050115	PALOMAR MEDICAL CENTER	555 E VALLEY PARKWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

SANTA MONICA	CA
--------------	----

SANTA MONICA	CA
--------------	----

SAN MATEO	CA
-----------	----

SAN MATEO	CA
-----------	----

ESCONDIDO	CA
-----------	----

ESCONDIDO	CA
-----------	----

ESCONDIDO	CA
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

90404	LOS ANGELES	3103194000
90404	LOS ANGELES	3103194000
94403	SAN MATEO	6505732222
94403	SAN MATEO	6505732222
92025	SAN DIEGO	7607393000
92025	SAN DIEGO	7607393000
92025	SAN DIEGO	7607393000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$32790.00	12
--	------------	----

	\$22107.00	70
--	------------	----

	\$146.00 *	
--	------------	--

	\$38371.00 *	
--	--------------	--

	\$17613.00	14
--	------------	----

	\$22068.00 *	
--	--------------	--

	\$18350.00 *	
--	--------------	--

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

050116	NORTHRIDGE HOSPITAL MEDICAL CENTER	18300 ROSCOE BLVD
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050116	NORTHRIDGE HOSPITAL MEDICAL CENTER	18300 ROSCOE BLVD
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050118	DOCTORS HOSPITAL OF MANTECA	1205 E NORTH ST
--------	-----------------------------	-----------------

050121	HANFORD COMMUNITY MEDICAL CENTER	450 GREENFIELD AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

NORTHRIDGE CA

NORTHRIDGE CA

MANTECA CA

HANFORD CA



# knee

Based on Hospital Medicare Payment And Volume Measures

91325	LOS ANGELES	8188858500
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91325	LOS ANGELES	8188858500
-------	-------------	------------

95336	SAN JOAQUIN	2098233111
-------	-------------	------------

93230	KINGS	5595829000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13056.00 \*

\$20160.00 \*

\$20587.00 \*

\$23499.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050121	HANFORD COMMUNITY MEDICAL CENTER	450 GREENFIELD AVE
050121	HANFORD COMMUNITY MEDICAL CENTER	450 GREENFIELD AVE
050122	DAMERON HOSPITAL	525 WEST ACACIA STREET
050122	DAMERON HOSPITAL	525 WEST ACACIA STREET
050124	VERDUGO HILLS HOSPITAL	1812 VERDUGO BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

HANFORD	CA
---------	----

HANFORD	CA
---------	----

STOCKTON	CA
----------	----

STOCKTON	CA
----------	----

GLENDAL	CA
---------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

93230	KINGS	5595829000
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93230	KINGS	5595829000
-------	-------	------------

95203	SAN JOAQUIN	2099445550
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95203	SAN JOAQUIN	2099445550
-------	-------------	------------

91209	LOS ANGELES	8187907100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$29202.00 \*

\$18796.00

11

\$17796.00 \*

\$20395.00 \*

\$20814.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050124	VERDUGO HILLS HOSPITAL	1812 VERDUGO BLVD
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050124	VERDUGO HILLS HOSPITAL	1812 VERDUGO BLVD
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050125	REGIONAL MEDICAL CENTER OF SAN JOSE	225 N JACKSON AVENUE
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050125	REGIONAL MEDICAL CENTER OF SAN JOSE	225 N JACKSON AVENUE
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050126	VALLEY PRESBYTERIAN HOSPITAL	15107 VANOWEN ST
--------	------------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

	GLENDALE	CA
	GLENDALE	CA
	SAN JOSE	CA
	SAN JOSE	CA
	VAN NUYS	CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91209

LOS ANGELES

8187907100

91209

LOS ANGELES

8187907100

95116

SANTA CLARA

4082595000

95116

SANTA CLARA

4082595000

91406

LOS ANGELES

8189023906

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$30284.00 \*

\$16648.00 \*

\$24815.00 \*

\$34053.00 \*

\$27401.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

050126	VALLEY PRESBYTERIAN HOSPITAL	15107 VANOWEN ST
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050126	VALLEY PRESBYTERIAN HOSPITAL	15107 VANOWEN ST
050127	WOODLAND MEMORIAL HOSPITAL	1325 COTTONWOOD STREET

050128	TRI-CITY MEDICAL CENTER	4002 VISTA WAY
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050128	TRI-CITY MEDICAL CENTER	4002 VISTA WAY
050128	TRI-CITY MEDICAL CENTER	4002 VISTA WAY

knee

Based on Hospital Medicare Payment And Volume Measures

VAN NUYS CA

VAN NUYS CA

WOODLAND CA

OCEANSIDE CA

OCEANSIDE CA

OCEANSIDE CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91406	LOS ANGELES	8189023906
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91406	LOS ANGELES	8189023906
95695	YOLO	5306623961

92056	SAN DIEGO	7607248411
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92056	SAN DIEGO	7607248411
92056	SAN DIEGO	7607248411

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$40641.00 \*

\$21917.00	12
------------	----

\$22992.00 \*

\$8772.00 \*

\$21820.00	11
------------	----

\$17453.00	15
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# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050129	ST BERNARDINE MEDICAL CENTER	2101 N WATERMAN AVE
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050129	ST BERNARDINE MEDICAL CENTER	2101 N WATERMAN AVE
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050131	NOVATO COMMUNITY HOSPITAL	180 ROWLAND WAY
--------	---------------------------	-----------------

050132	SAN GABRIEL VALLEY MEDICAL CENTER	438 W LAS TUNAS DRIVE
--------	--------------------------------------	-----------------------

050133	RIDEOUT MEMORIAL HOSPITAL	726 4TH ST
--------	---------------------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN  
BERNARDINO CA

SAN  
BERNARDINO CA

NOVATO CA

SAN GABRIEL CA

MARYSVILLE CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92404	SAN BERNARDINO	9098814440
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92404	SAN BERNARDINO	9098814440
-------	----------------	------------

94945	MARIN	4152091300
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91778	LOS ANGELES	6262895454
-------	-------------	------------

95901	YUBA	5307494300
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19697.00 \*

\$20773.00 \*

\$18801.00 \*

\$45177.00 \*

\$36411.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050133

RIDEOUT MEMORIAL HOSPITAL

726 4TH ST

050133

RIDEOUT MEMORIAL HOSPITAL

726 4TH ST

050136

PETALUMA VALLEY HOSPITAL

400 N MCDOWELL BLVD

050136

PETALUMA VALLEY HOSPITAL

400 N MCDOWELL BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

MARYSVILLE CA

MARYSVILLE CA

PETALUMA CA

PETALUMA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95901

YUBA

5307494300

95901

YUBA

5307494300

94954

SONOMA

7077781111

94954

SONOMA

7077781111

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$24549.00 \*

\$19636.00 \*

\$20643.00 \*

\$25807.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

050137	KAISER FOUNDATION HOSPITAL - PANORAMA CITY	13652 CANTARA ST
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050137	KAISER FOUNDATION HOSPITAL - PANORAMA CITY	13652 CANTARA ST
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050138	KAISER FOUNDATION HOSPITAL - LOS ANGELES	4867 SUNSET BLVD
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050138	KAISER FOUNDATION HOSPITAL - LOS ANGELES	4867 SUNSET BLVD
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050139	KAISER FOUNDATION HOSPITAL - DOWNEY	9333 IMPERIAL HIGHWAY
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050139	KAISER FOUNDATION HOSPITAL - DOWNEY	9333 IMPERIAL HIGHWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

PANORAMA CITY CA

PANORAMA CITY CA

LOS ANGELES CA

LOS ANGELES CA

DOWNEY CA

DOWNEY CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91402	LOS ANGELES	8183753333
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91402	LOS ANGELES	8183753333
-------	-------------	------------

90027	LOS ANGELES	3237834011
-------	-------------	------------

90027	LOS ANGELES	3237834011
-------	-------------	------------

90242	LOS ANGELES	5624616007
-------	-------------	------------

90242	LOS ANGELES	5624616007
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$56.00 *	
	\$45.00 *	
	\$2469.00	15
	\$1929.00 *	
	\$137.00	12
	\$164.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

050139	KAISER FOUNDATION HOSPITAL - DOWNEY	9333 IMPERIAL HIGHWAY
050140	KAISER FOUNDATION HOSPITAL FONTANA	9961 SIERRA AVE
050140	KAISER FOUNDATION HOSPITAL FONTANA	9961 SIERRA AVE
050140	KAISER FOUNDATION HOSPITAL FONTANA	9961 SIERRA AVE
050145	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 W R HOLMAN HIGHWAY
050145	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 W R HOLMAN HIGHWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

DOWNEY	CA
--------	----

FONTANA	CA
---------	----

FONTANA	CA
---------	----

FONTANA	CA
---------	----

MONTEREY	CA
----------	----

MONTEREY	CA
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

90242	LOS ANGELES	5624616007
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92335	SAN BERNARDINO	9094275500
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92335	SAN BERNARDINO	9094275500
-------	----------------	------------

92335	SAN BERNARDINO	9094275500
-------	----------------	------------

93940	MONTEREY	8316245311
-------	----------	------------

93940	MONTEREY	8316245311
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$109.00 \*

\$654.00

23

\$1180.00 \*

\$810.00

14

\$22676.00

15

\$33633.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050145	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	23625 W R HOLMAN HIGHWAY
050149	CALIFORNIA HOSPITAL MEDICAL CENTER LA	1401 SOUTH GRAND AVENUE
050149	CALIFORNIA HOSPITAL MEDICAL CENTER LA	1401 SOUTH GRAND AVENUE
050150	SIERRA NEVADA MEMORIAL HOSPITAL	155 GLASSON WAY
050150	SIERRA NEVADA MEMORIAL HOSPITAL	155 GLASSON WAY

# knee

Based on Hospital Medicare Payment And Volume Measures

MONTEREY CA

LOS ANGELES CA

LOS ANGELES CA

GRASS VALLEY CA

GRASS VALLEY CA



# knee

Based on Hospital Medicare Payment And Volume Measures

93940	MONTEREY	8316245311
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90015	LOS ANGELES	2137482411
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90015	LOS ANGELES	2137482411
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95945	NEVADA	5302746000
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95945	NEVADA	5302746000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18137.00	22
	\$26085.00 *	
	\$48652.00 *	
	\$20516.00 *	
	\$16410.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050152

SAINT FRANCIS MEMORIAL  
HOSPITAL

900 HYDE ST

050152

SAINT FRANCIS MEMORIAL  
HOSPITAL

900 HYDE ST

050152

SAINT FRANCIS MEMORIAL  
HOSPITAL

900 HYDE ST

050153

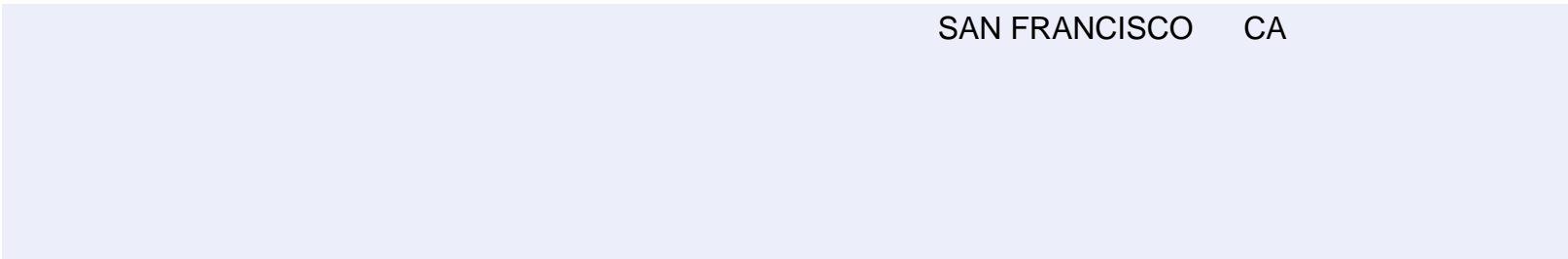
O'CONNOR HOSPITAL

2105 FOREST AVENUE

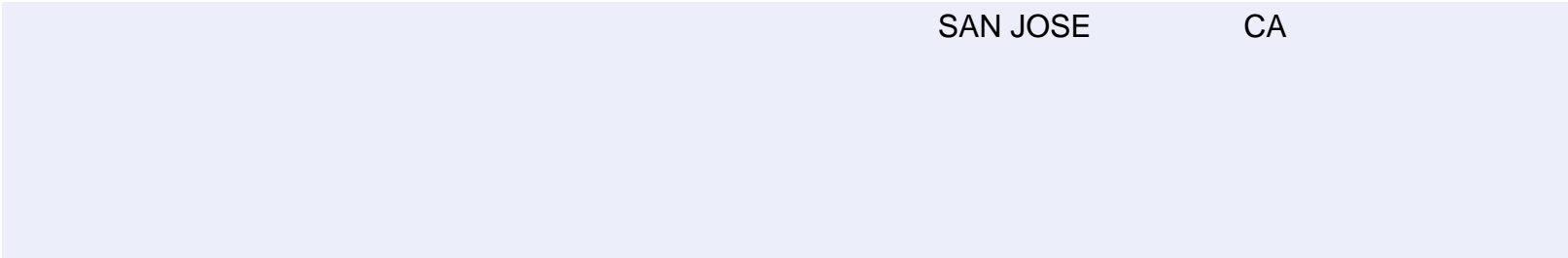
# knee

Based on Hospital Medicare Payment And Volume Measures

SAN FRANCISCO CA



SAN FRANCISCO CA



# knee

Based on Hospital Medicare Payment And Volume Measures

94109	SAN FRANCISCO	4157754321
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94109	SAN FRANCISCO	4157754321
-------	---------------	------------

94109	SAN FRANCISCO	4157754321
-------	---------------	------------

95128	SANTA CLARA	4089472500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23985.00 \*

\$29986.00 \*

\$36062.00 \*

\$43467.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050153	O'CONNOR HOSPITAL	2105 FOREST AVENUE
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050158	ENCINO HOSPITAL MEDICAL CENTER	16237 VENTURA BLVD
--------	--------------------------------	--------------------

050167	SAN JOAQUIN GENERAL HOSPITAL	500 W HOSPITAL ROAD
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050168	ST JUDE MEDICAL CENTER	101 E VALENCIA MESA DRIVE
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050168	ST JUDE MEDICAL CENTER	101 E VALENCIA MESA DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAN JOSE CA

ENCINO CA

FRENCH CAMP CA

FULLERTON CA

FULLERTON CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95128	SANTA CLARA	4089472500
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91436	LOS ANGELES	8189955000
-------	-------------	------------

95231	SAN JOAQUIN	2094686000
-------	-------------	------------

92835	ORANGE	7149923000
-------	--------	------------

92835	ORANGE	7149923000
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23559.00 \*

\$30197.00 \*

\$30842.00 \*

\$16901.00

11

\$30058.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050168	ST JUDE MEDICAL CENTER	101 E VALENCIA MESA DRIVE
050169	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	12401 E WASHINGTON BLVD
050169	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	12401 E WASHINGTON BLVD
050169	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	12401 E WASHINGTON BLVD
050174	SANTA ROSA MEMORIAL HOSPITAL	1165 MONTGOMERY DR
050174	SANTA ROSA MEMORIAL HOSPITAL	1165 MONTGOMERY DR

# knee

Based on Hospital Medicare Payment And Volume Measures

FULLERTON CA

WHITTIER CA

WHITTIER CA

WHITTIER CA

SANTA ROSA CA

SANTA ROSA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92835	ORANGE	7149923000
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90602	LOS ANGELES	5266980811
-------	-------------	------------

90602	LOS ANGELES	5266980811
-------	-------------	------------

90602	LOS ANGELES	5266980811
-------	-------------	------------

95405	SONOMA	7075255300
-------	--------	------------

95405	SONOMA	7075255300
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

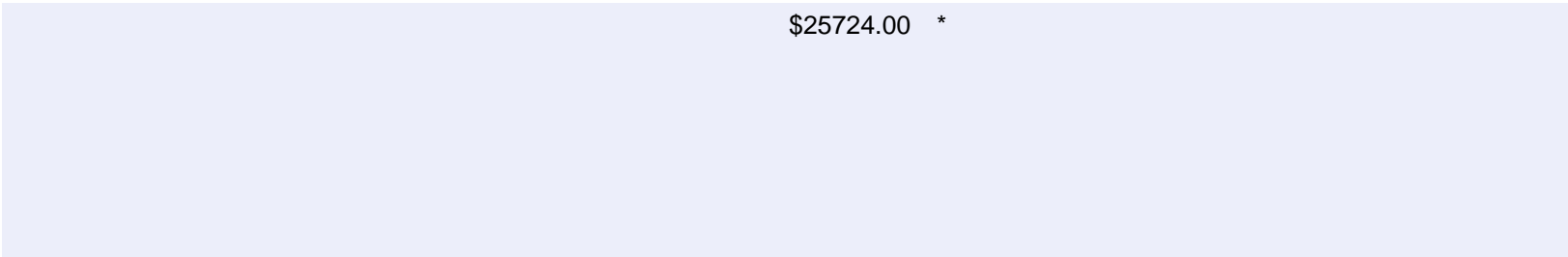
Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14858.00 \*

\$9256.00 \*



\$25724.00 \*

\$335.00 \*

\$25627.00	17
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\$39406.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050174	SANTA ROSA MEMORIAL HOSPITAL	1165 MONTGOMERY DR
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050179	EMANUEL MEDICAL CENTER INC	825 DELBON AVE
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050179	EMANUEL MEDICAL CENTER INC	825 DELBON AVE
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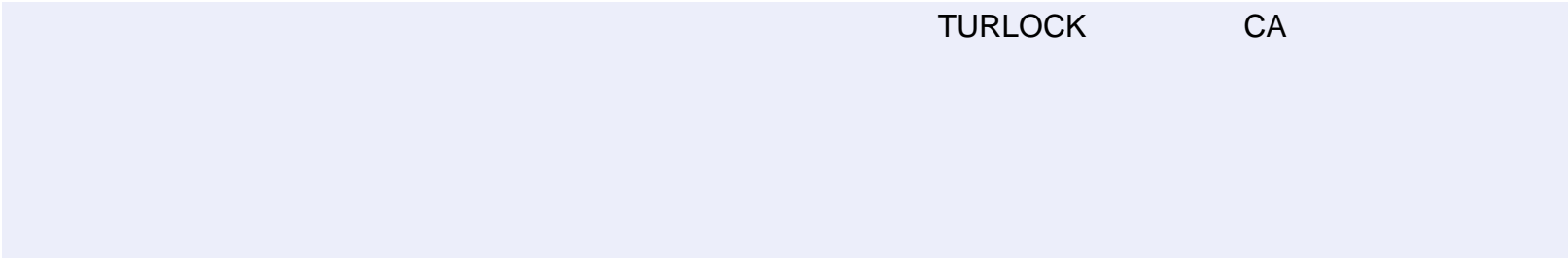
050180	JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS	1601 YGNACIO VALLEY RD
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050180	JOHN MUIR MEDICAL CENTER -	1601 YGNACIO VALLEY RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

SANTA ROSA CA



TURLOCK CA



WALNUT CREEK CA



# knee

Based on Hospital Medicare Payment And Volume Measures

95405	SONOMA	7075255300
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95382	STANISLAUS	2096674200
-------	------------	------------

95382	STANISLAUS	2096674200
-------	------------	------------

94598	CONTRA COSTA	9259393000
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94598	CONTRA COSTA	9259393000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20133.00 \*

\$17995.00 \*

\$18748.00 \*

\$23655.00

39

\$33662.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## WALNUT CREEK CAMPUS

050180	JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS	1601 YGNACIO VALLEY RD
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050191	ST MARY MEDICAL CENTER	1050 LINDEN AVE
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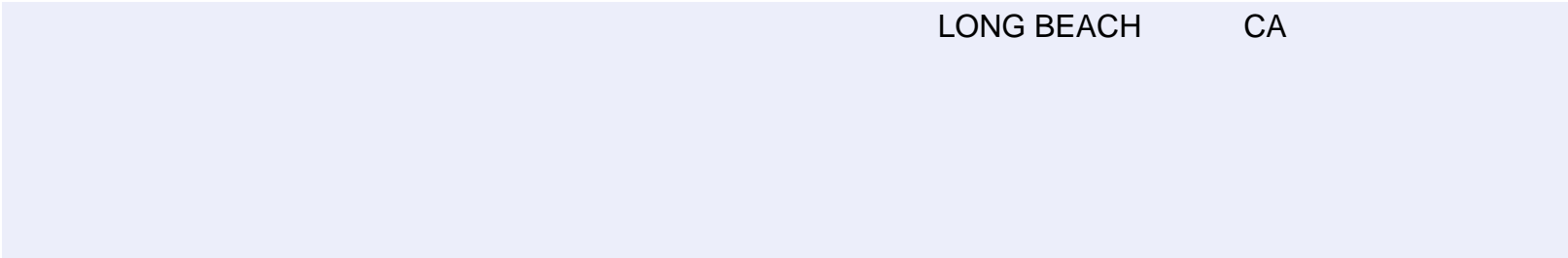
050193	SOUTH COAST MEDICAL CENTER	31872 COAST HWY
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050194	WATSONVILLE COMMUNITY HOSPITAL	75 NIELSON STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

WALNUT CREEK CA



LAGUNA BEACH CA



# knee

Based on Hospital Medicare Payment And Volume Measures

94598

CONTRA COSTA

9259393000

90813

LOS ANGELES

5624919000

92677

ORANGE

9494997193

95076

SANTA CRUZ

8317244741

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18921.00 \*

\$28922.00 \*

\$19419.00 \*

\$31491.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050194	WATSONVILLE COMMUNITY HOSPITAL	75 NIELSON STREET
050195	WASHINGTON HOSPITAL	2000 MOWRY AVE
050195	WASHINGTON HOSPITAL	2000 MOWRY AVE
050195	WASHINGTON HOSPITAL	2000 MOWRY AVE
050197	SEQUOIA HOSPITAL	170 ALAMEDA DE LAS PULGAS
050197	SEQUOIA HOSPITAL	170 ALAMEDA DE LAS PULGAS

# knee

Based on Hospital Medicare Payment And Volume Measures

WATSONVILLE	CA
-------------	----

FREMONT	CA
---------	----

FREMONT	CA
---------	----

FREMONT	CA
---------	----

REDWOOD CITY	CA
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REDWOOD CITY	CA
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# knee

Based on Hospital Medicare Payment And Volume Measures

95076	SANTA CRUZ	8317244741
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94538	ALAMEDA	5107971111
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94538	ALAMEDA	5107971111
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94538	ALAMEDA	5107971111
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94062	SAN MATEO	6503675551
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94062	SAN MATEO	6503675551
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$25096.00 *	
	\$20910.00	27
	\$9451.00 *	
	\$24670.00	20
	\$19901.00 *	
	\$35422.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050204	PALMDALE REGIONAL MEDICAL CENTER	38600 MEDICAL CENTER DRIVE
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050204	PALMDALE REGIONAL MEDICAL CENTER	38600 MEDICAL CENTER DRIVE
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050204	PALMDALE REGIONAL MEDICAL CENTER	38600 MEDICAL CENTER DRIVE
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050211	ALAMEDA HOSPITAL	2070 CLINTON AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

PALMDALE CA

PALMDALE CA

PALMDALE CA

ALAMEDA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93552	LOS ANGELES	6613825000
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93552	LOS ANGELES	6613825000
-------	-------------	------------

93552	LOS ANGELES	6613825000
-------	-------------	------------

94501	ALAMEDA	5105223700
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26526.00 \*

\$22057.00 \*

\$17536.00 \*

\$20568.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050222	SHARP CHULA VISTA MEDICAL CENTER	751 MEDICAL CENTER COURT
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050222	SHARP CHULA VISTA MEDICAL CENTER	751 MEDICAL CENTER COURT
--------	-------------------------------------	-----------------------------

050222	SHARP CHULA VISTA MEDICAL CENTER	751 MEDICAL CENTER COURT
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050224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	ONE HOAG DRIVE
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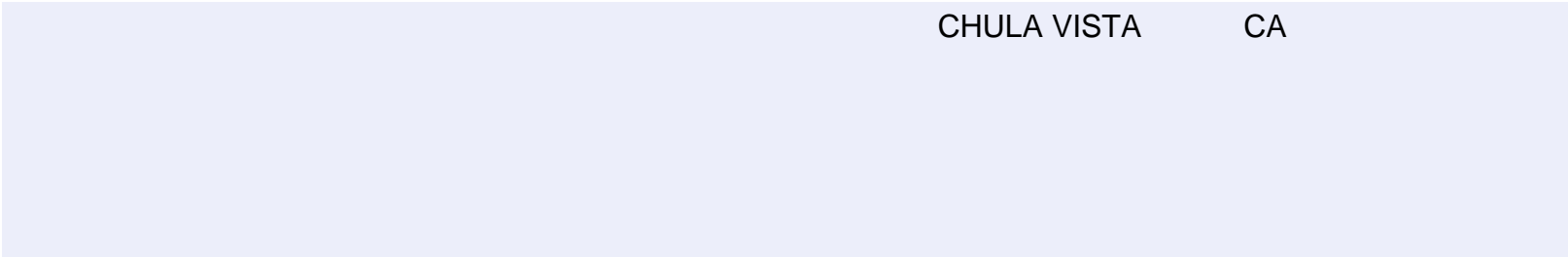
050224	HOAG MEMORIAL HOSPITAL	ONE HOAG DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

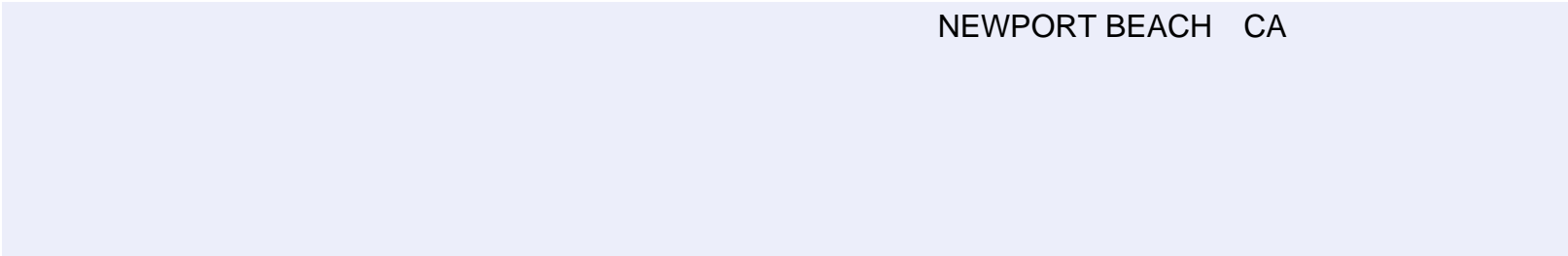


CHULA VISTA CA



CHULA VISTA CA

CHULA VISTA CA



NEWPORT BEACH CA

NEWPORT BEACH CA



# knee

Based on Hospital Medicare Payment And Volume Measures

91911	SAN DIEGO	6195025800
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91911	SAN DIEGO	6195025800
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91911	SAN DIEGO	6195025800
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92663	ORANGE	9496458600
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92663	ORANGE	9496458600
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

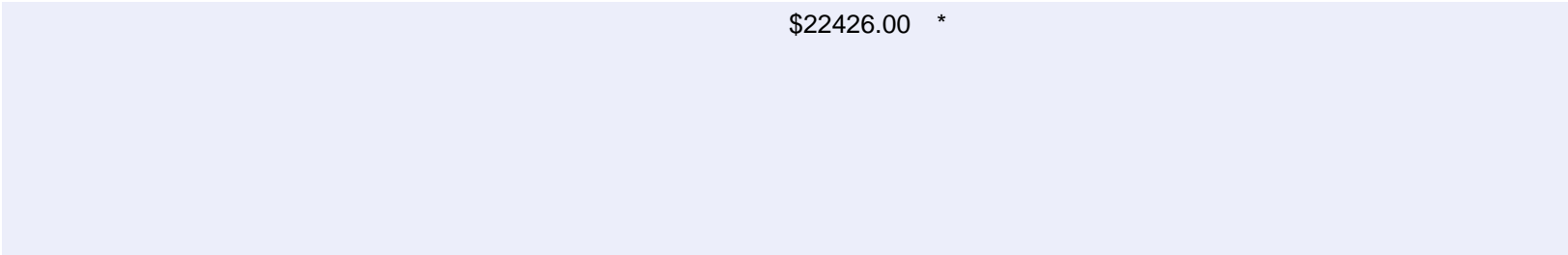
Revision of hip or knee replacement w CC

# knee

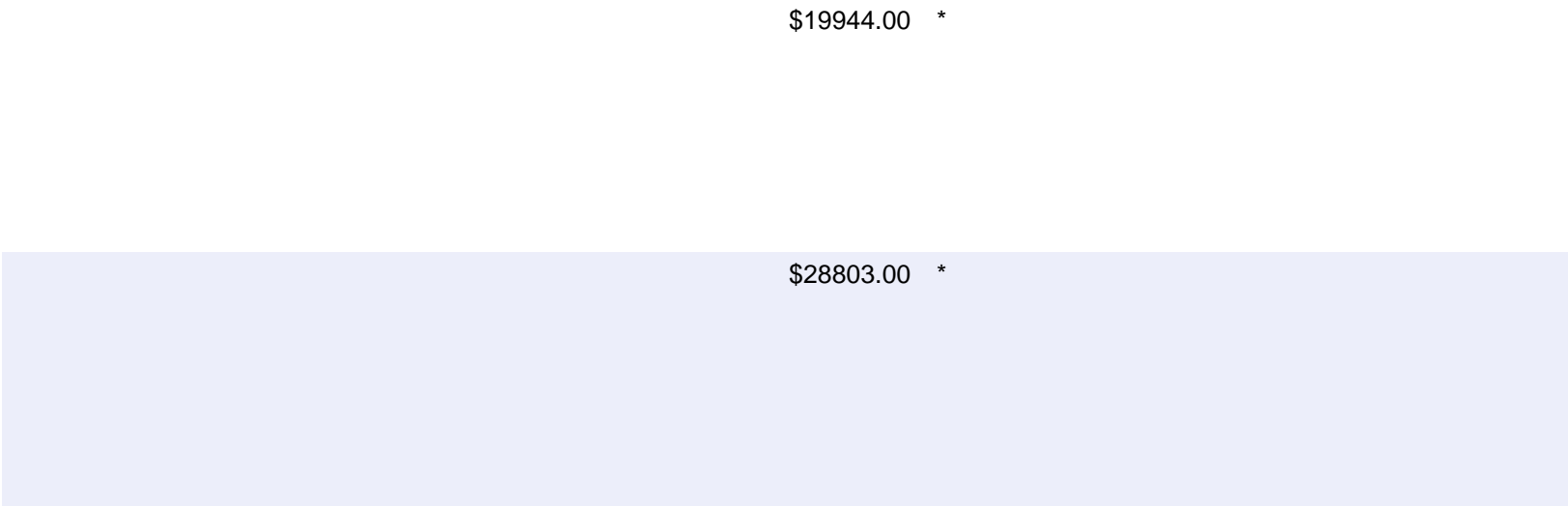
Based on Hospital Medicare Payment And Volume Measures



\$19897.00 \*



\$22426.00 \*



\$19944.00 \*

\$28803.00 \*

\$19419.00

12

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050224	PRESBYTERIAN HOAG MEMORIAL HOSPITAL PRESBYTERIAN	ONE HOAG DRIVE
050225	FEATHER RIVER HOSPITAL	5974 PENTZ ROAD
050225	FEATHER RIVER HOSPITAL	5974 PENTZ ROAD
050225	FEATHER RIVER HOSPITAL	5974 PENTZ ROAD
050226	AHMC ANAHEIM REGIONAL MEDICAL CENTER	1111 W LA PALMA AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

	NEWPORT BEACH	CA
	PARADISE	CA
	PARADISE	CA
	PARADISE	CA
	ANAHEIM	CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92663	ORANGE	9496458600
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95969	BUTTE	5308779361
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95969	BUTTE	5308779361
-------	-------	------------

95969	BUTTE	5308779361
-------	-------	------------

92801	ORANGE	7147741450
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15533.00

40

\$16549.00 \*

\$20690.00 \*

\$29859.00 \*

\$32112.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050226	AHMC ANAHEIM REGIONAL MEDICAL CENTER	1111 W LA PALMA AVENUE
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050228	SAN FRANCISCO GENERAL HOSPITAL	1001 POTRERO AVENUE
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050230	GARDEN GROVE HOSPITAL & MEDICAL CENTER	12601 GARDEN GROVE BLVD
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050230	GARDEN GROVE HOSPITAL & MEDICAL CENTER	12601 GARDEN GROVE BLVD
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050231	POMONA VALLEY HOSPITAL	1798 N GAREY AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ANAHEIM CA

SAN FRANCISCO CA

GARDEN GROVE CA

GARDEN GROVE CA

POMONA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92801	ORANGE	7147741450
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94110	SAN FRANCISCO	4152068000
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92843	ORANGE	7145375160
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92843	ORANGE	7145375160
-------	--------	------------

91767	LOS ANGELES	9098659500
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$32460.00 \*

\$26437.00 \*

\$25375.00 \*

\$299.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## MEDICAL CENTER

050231	POMONA VALLEY HOSPITAL MEDICAL CENTER	1798 N GAREY AVE
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050231	POMONA VALLEY HOSPITAL MEDICAL CENTER	1798 N GAREY AVE
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050232	FRENCH HOSPITAL MEDICAL CENTER	1911 JOHNSON AVE
--------	-----------------------------------	------------------

050232	FRENCH HOSPITAL MEDICAL CENTER	1911 JOHNSON AVE
--------	-----------------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

POMONA CA

POMONA CA

SAN LUIS OBISPO CA

SAN LUIS OBISPO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91767

LOS ANGELES

9098659500

91767

LOS ANGELES

9098659500

93401

SAN LUIS OBISPO

8055435353

93401

SAN LUIS OBISPO

8055435353

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$430.00 \*

\$43611.00 \*

\$16781.00 \*

\$16107.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

050234	SHARP CORONADO HOSPITAL AND HLTHCR CTR	250 PROSPECT PLACE
050235	PROVIDENCE SAINT JOSEPH MEDICAL CTR	501 SOUTH BUENA VISTA
050235	PROVIDENCE SAINT JOSEPH MEDICAL CTR	501 SOUTH BUENA VISTA
050235	PROVIDENCE SAINT JOSEPH MEDICAL CTR	501 SOUTH BUENA VISTA
050236	SIMI VALLEY HOSPITAL & HEALTH CARE SERVICES	2975 N SYCAMORE DR

# knee

Based on Hospital Medicare Payment And Volume Measures

CORONADO CA

BURBANK CA

BURBANK CA

BURBANK CA

SIMI VALLEY CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92118	SAN DIEGO	6194356251
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91505	LOS ANGELES	8188435111
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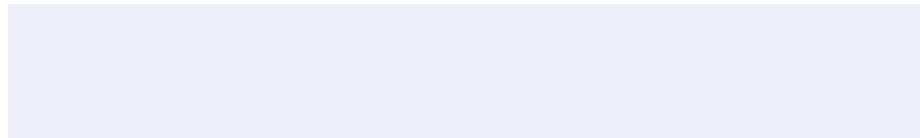
91505	LOS ANGELES	8188435111
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91505	LOS ANGELES	8188435111
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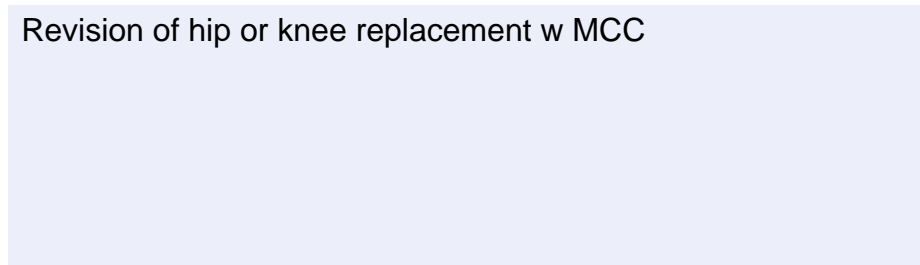
93065	VENTURA	8059556000
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# knee

Based on Hospital Medicare Payment And Volume Measures

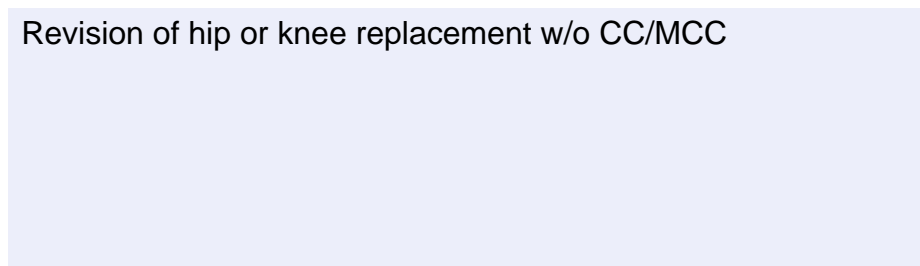


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

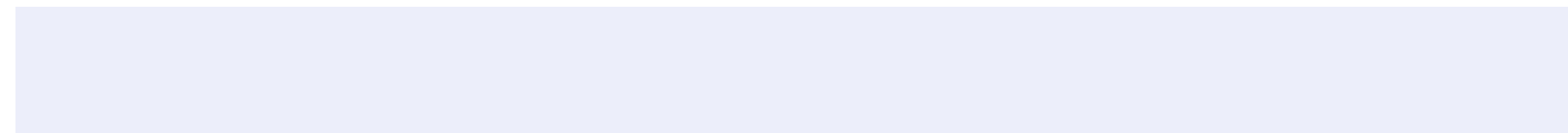


Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



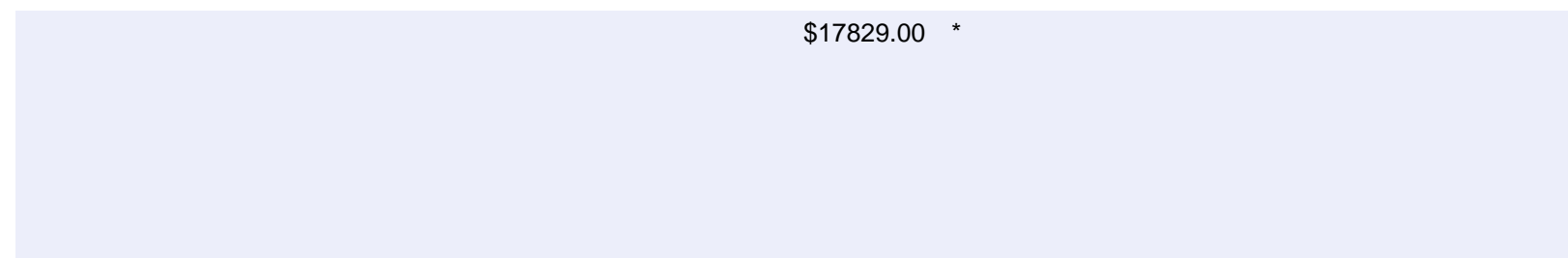
\$19337.00 \*



\$31273.00 \*

\$22289.00

19



\$17829.00 \*

\$20493.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

050238	METHODIST HOSPITAL OF SOUTHERN CA	300 W HUNTINGTON DR
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050238	METHODIST HOSPITAL OF SOUTHERN CA	300 W HUNTINGTON DR
--------	-----------------------------------	---------------------

050238	METHODIST HOSPITAL OF SOUTHERN CA	300 W HUNTINGTON DR
--------	-----------------------------------	---------------------

050239	GLENDAL E ADVENTIST MEDICAL CENTER	1509 E WILSON TERRACE
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050239	GLENDAL E ADVENTIST MEDICAL CENTER	1509 E WILSON TERRACE
--------	------------------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ARCADIA CA

ARCADIA CA

ARCADIA CA

GLENDAL CA

GLENDAL CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91006	LOS ANGELES	6264454441
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91006	LOS ANGELES	6264454441
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91006	LOS ANGELES	6264454441
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91206	LOS ANGELES	8184098202
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91206	LOS ANGELES	8184098202
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23000.00 \*



\$18397.00 \*



\$28948.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
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small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

050239	GLENDALE ADVENTIST MEDICAL CENTER	1509 E WILSON TERRACE
050242	DOMINICAN HOSPITAL	1555 SOQUEL DRIVE
050242	DOMINICAN HOSPITAL	1555 SOQUEL DRIVE
050243	DESERT REGIONAL MEDICAL CENTER	1150 NORTH INDIAN CANYON DRIVE
050243	DESERT REGIONAL MEDICAL CENTER	1150 NORTH INDIAN CANYON DRIVE
050243	DESERT REGIONAL MEDICAL	1150 NORTH INDIAN

# knee

Based on Hospital Medicare Payment And Volume Measures

GLENDALE CA

SANTA CRUZ CA

SANTA CRUZ CA

PALM SPRINGS CA

PALM SPRINGS CA

PALM SPRINGS CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91206	LOS ANGELES	8184098202
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95065	SANTA CRUZ	8314627700
-------	------------	------------

95065	SANTA CRUZ	8314627700
-------	------------	------------

92262	RIVERSIDE	7603236511
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92262	RIVERSIDE	7603236511
-------	-----------	------------

92262	RIVERSIDE	7603236511
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$28780.00	28
	\$24933.00 *	
	\$21731.00 *	
	\$44.00	20
	\$11866.00 *	
	\$18983.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

	CENTER	CANYON DRIVE
050245	ARROWHEAD REGIONAL MEDICAL CENTER	400 NORTH PEPPER AVENUE
050254	MARSHALL MEDICAL CENTER (1-RH)	1100 MARSHALL WAY
050254	MARSHALL MEDICAL CENTER (1-RH)	1100 MARSHALL WAY
050254	MARSHALL MEDICAL CENTER (1-RH)	1100 MARSHALL WAY

# knee

Based on Hospital Medicare Payment And Volume Measures

COLTON CA

PLACERVILLE CA

PLACERVILLE CA

PLACERVILLE CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92324	SAN BERNARDINO	9095801000
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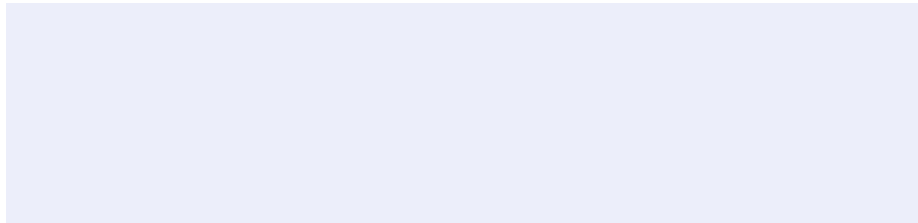
95667	EL DORADO	5306221441
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95667	EL DORADO	5306221441
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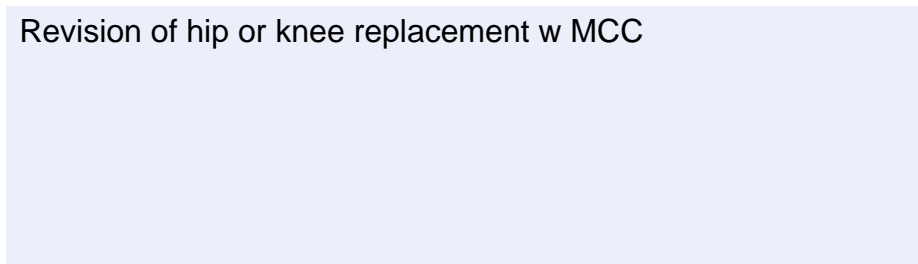
95667	EL DORADO	5306221441
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



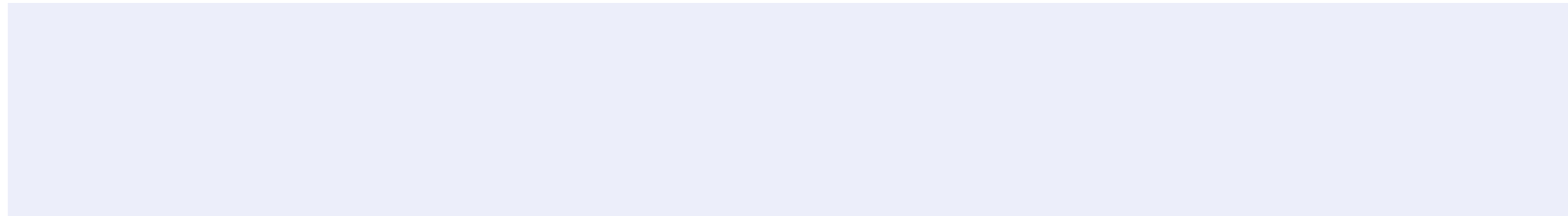
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

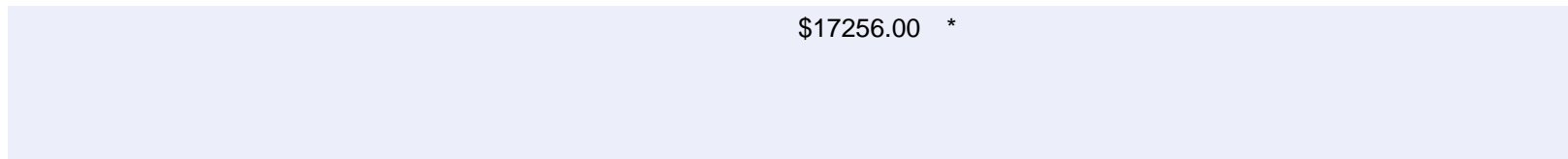
Based on Hospital Medicare Payment And Volume Measures



\$26781.00 \*



\$27094.00 \*



\$17256.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050261	SIERRA VIEW DISTRICT HOSPITAL	465 W PUTNAM AVE
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050261	SIERRA VIEW DISTRICT HOSPITAL	465 W PUTNAM AVE
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050262	RONALD REAGAN UCLA MEDICAL CENTER	757 WESTWOOD PLAZA
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050262	RONALD REAGAN UCLA MEDICAL CENTER	757 WESTWOOD PLAZA
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# knee

Based on Hospital Medicare Payment And Volume Measures

PORTERVILLE CA

PORTERVILLE CA

LOS ANGELES CA

LOS ANGELES CA



# knee

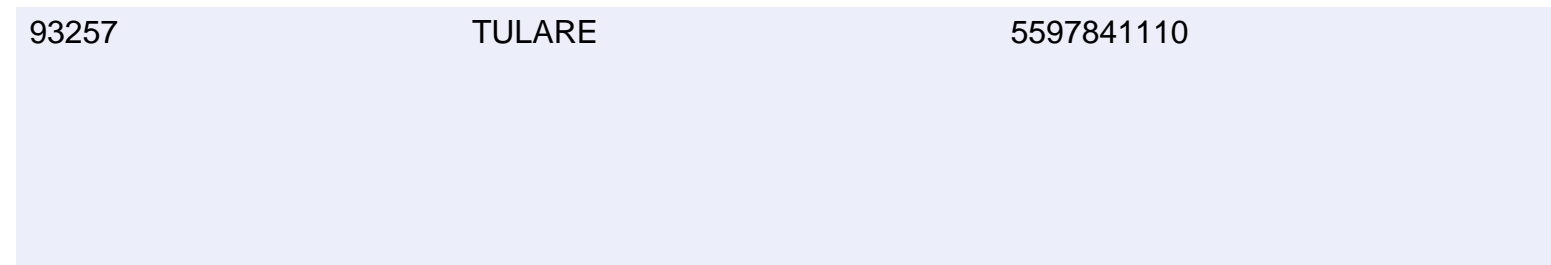
Based on Hospital Medicare Payment And Volume Measures



93257

TULARE

5597841110



93257

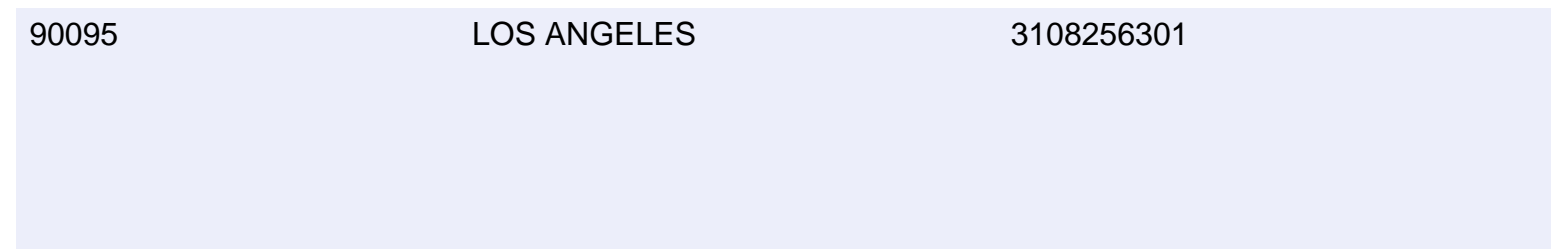
TULARE

5597841110

90095

LOS ANGELES

3108256301



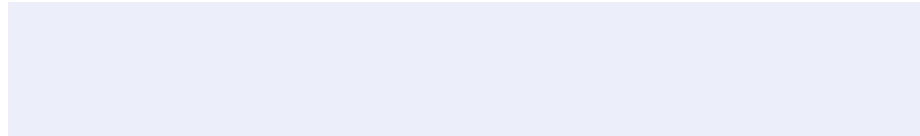
90095

LOS ANGELES

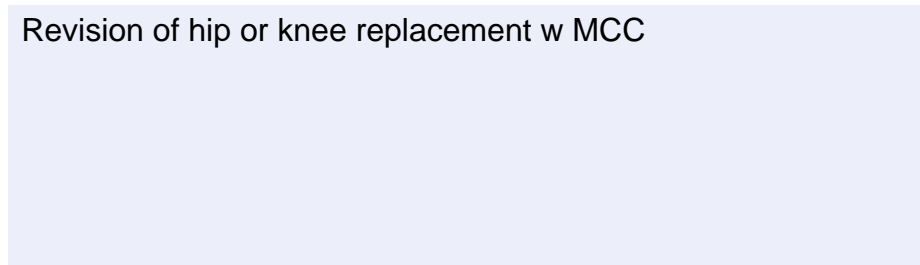
3108256301

# knee

Based on Hospital Medicare Payment And Volume Measures

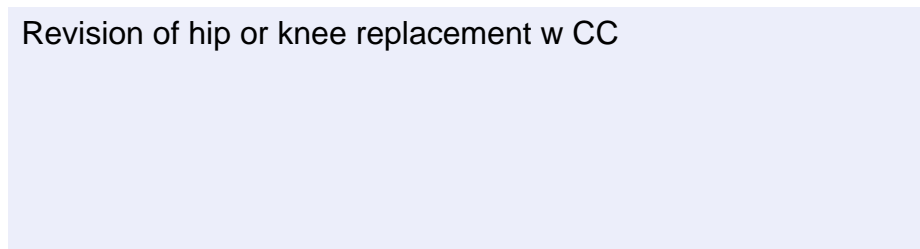


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19760.00 \*

\$36607.00 \*

\$65486.00 \*

\$7215.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050262	RONALD REAGAN UCLA MEDICAL CENTER	757 WESTWOOD PLAZA
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050264	SAN LEANDRO HOSPITAL	13855 E 14TH STREET
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050272	REDLANDS COMMUNITY HOSPITAL	350 TERRACINA BLVD
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050272	REDLANDS COMMUNITY HOSPITAL	350 TERRACINA BLVD
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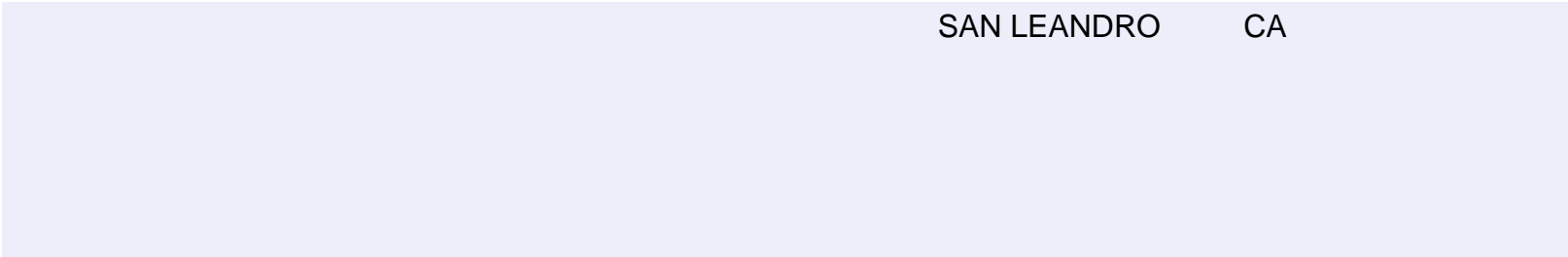
050272	REDLANDS COMMUNITY HOSPITAL	350 TERRACINA BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures



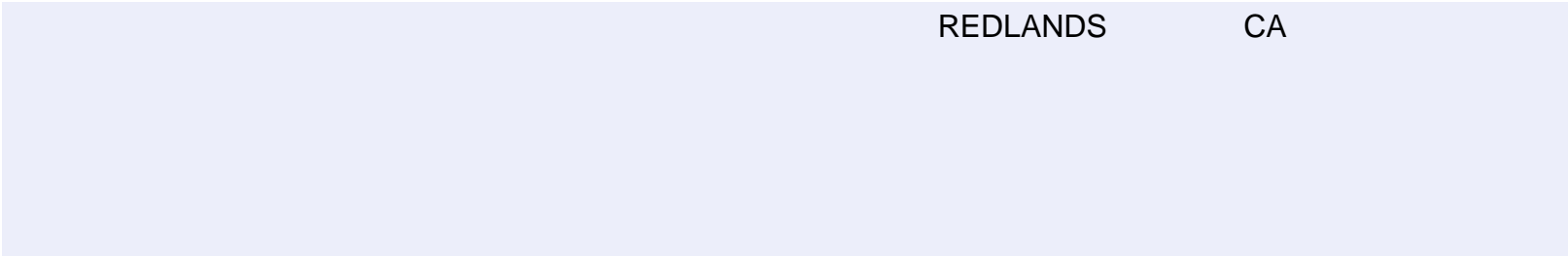
LOS ANGELES CA



SAN LEANDRO CA



REDLANDS CA



REDLANDS CA



REDLANDS CA

# knee

Based on Hospital Medicare Payment And Volume Measures

90095	LOS ANGELES	3108256301
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94578	ALAMEDA	5106674510
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92373	SAN BERNARDINO	9093355500
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92373	SAN BERNARDINO	9093355500
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92373	SAN BERNARDINO	9093355500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

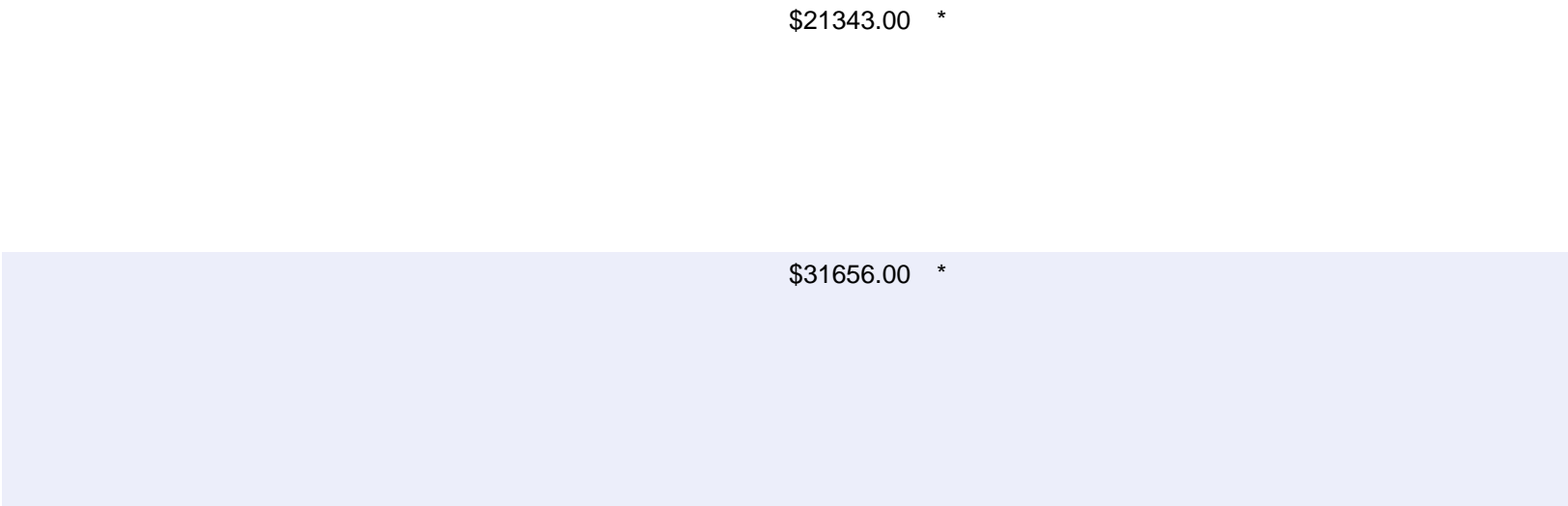
Based on Hospital Medicare Payment And Volume Measures



\$15245.00 \*



\$26195.00 \*



\$21343.00 \*

\$31656.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050277	PACIFIC HOSPITAL OF LONG BEACH	2776 PACIFIC AVE
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050277	PACIFIC HOSPITAL OF LONG BEACH	2776 PACIFIC AVE
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050278	PROVIDENCE HOLY CROSS MEDICAL CENTER	15031 RINALDI ST
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050278	PROVIDENCE HOLY CROSS MEDICAL CENTER	15031 RINALDI ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

LONG BEACH CA

LONG BEACH CA

MISSION HILLS CA

MISSION HILLS CA

# knee

Based on Hospital Medicare Payment And Volume Measures

90806

LOS ANGELES

5625951911

90806

LOS ANGELES

5625951911

91345

LOS ANGELES

8183658051

91345

LOS ANGELES

8183658051

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$32269.00 \*

\$25707.00 \*

\$18960.00 \*

\$19753.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050278	PROVIDENCE HOLY CROSS MEDICAL CENTER	15031 RINALDI ST
050280	MERCY MEDICAL CENTER REDDING	2175 ROSALINE AVE, CLAIRMONT HGTS
050280	MERCY MEDICAL CENTER REDDING	2175 ROSALINE AVE, CLAIRMONT HGTS
050280	MERCY MEDICAL CENTER REDDING	2175 ROSALINE AVE, CLAIRMONT HGTS
050283	VALLEYCARE MEDICAL CENTER	5555 WEST LAS POSITAS BOULEVARD
050283	VALLEYCARE MEDICAL CENTER	5555 WEST LAS POSITAS

# knee

Based on Hospital Medicare Payment And Volume Measures

MISSION HILLS CA

REDDING CA

REDDING CA

REDDING CA

PLEASANTON CA

PLEASANTON CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91345	LOS ANGELES	8183658051
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96001	SHASTA	5302256102
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96001	SHASTA	5302256102
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96001	SHASTA	5302256102
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94588	ALAMEDA	9254477000
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94588	ALAMEDA	9254477000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$35158.00 *	
	\$19227.00	25
	\$26685.00 *	
	\$24038.00	23
	\$19961.00 *	
	\$24799.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

BOULEVARD

050283

VALLEYCARE MEDICAL CENTER

5555 WEST LAS POSITAS  
BOULEVARD

050289

SETON MEDICAL CENTER

1900 SULLIVAN AVENUE

050289

SETON MEDICAL CENTER

1900 SULLIVAN AVENUE

050290

SAINT JOHN'S HEALTH CENTER

2121 SANTA MONICA BLVD

050290

SAINT JOHN'S HEALTH CENTER

2121 SANTA MONICA BLVD

050290

SAINT JOHN'S HEALTH CENTER

2121 SANTA MONICA BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

PLEASANTON CA

DALY CITY CA

DALY CITY CA

SANTA MONICA CA

SANTA MONICA CA

SANTA MONICA CA



# knee

Based on Hospital Medicare Payment And Volume Measures

94588	ALAMEDA	9254477000
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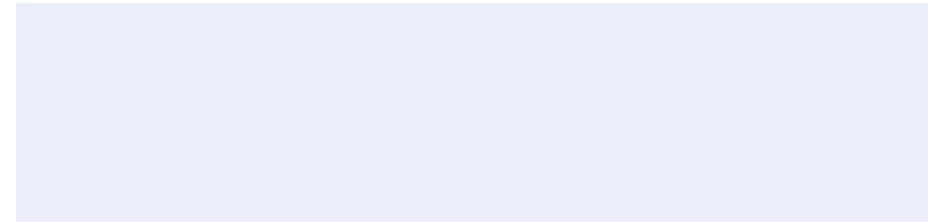
94015	SAN MATEO	6509924000
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94015	SAN MATEO	6509924000
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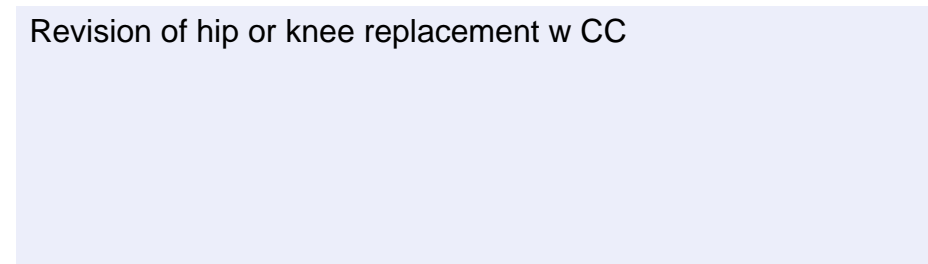
90404	LOS ANGELES	3108295511
90404	LOS ANGELES	3108295511
90404	LOS ANGELES	3108295511

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

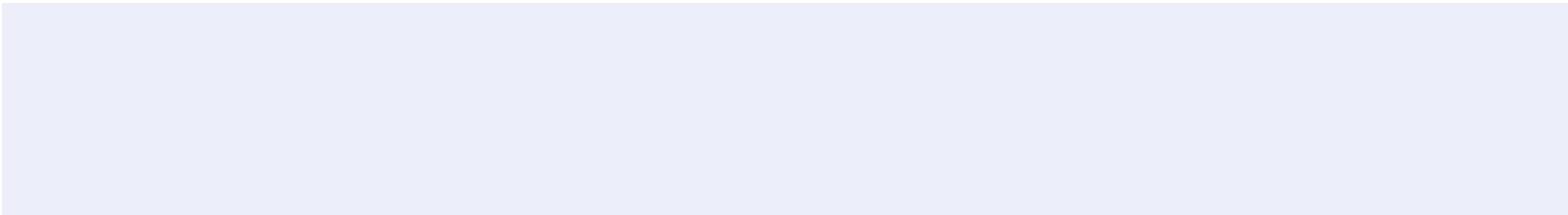
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$36551.00 \*



\$26854.00 \*

\$21446.00 \*

\$15542.00	33
------------	----

\$19431.00 25

\$28820.00 *
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# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050291

SUTTER MEDICAL CENTER OF  
SANTA ROSA

3325 CHANATE RD

050291

SUTTER MEDICAL CENTER OF  
SANTA ROSA

3325 CHANATE RD

050292

RIVERSIDE COUNTY REGIONAL  
MEDICAL CENTER

26520 CACTUS AVENUE

050292

RIVERSIDE COUNTY REGIONAL  
MEDICAL CENTER

26520 CACTUS AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

SANTA ROSA CA

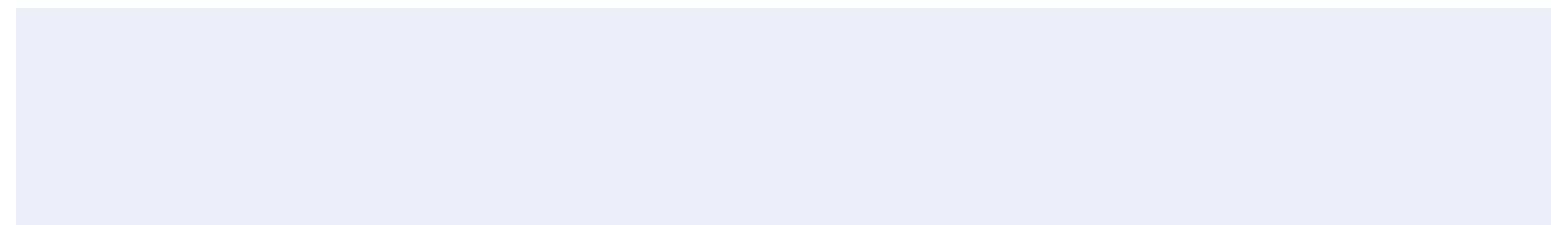
SANTA ROSA CA

MORENO VALLEY CA

MORENO VALLEY CA

# knee

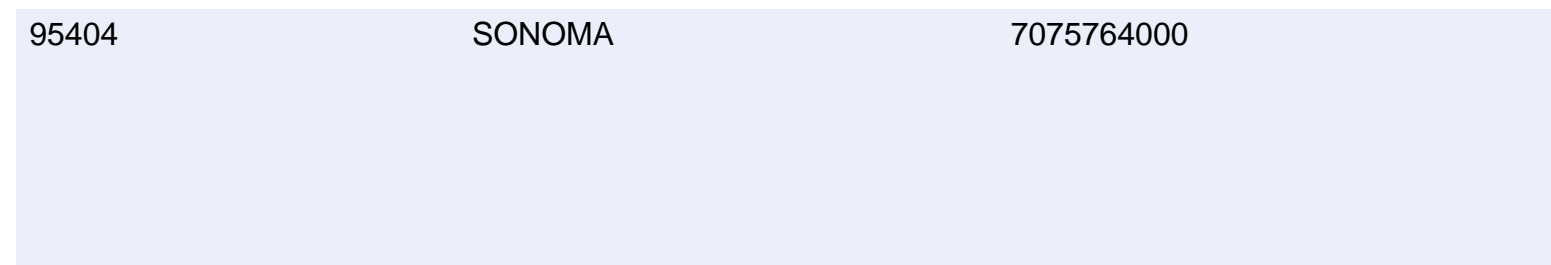
Based on Hospital Medicare Payment And Volume Measures



95404

SONOMA

7075764000



95404

SONOMA

7075764000



92555

RIVERSIDE

9514864000



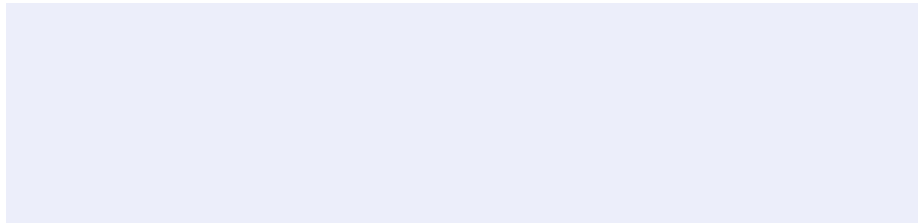
92555

RIVERSIDE

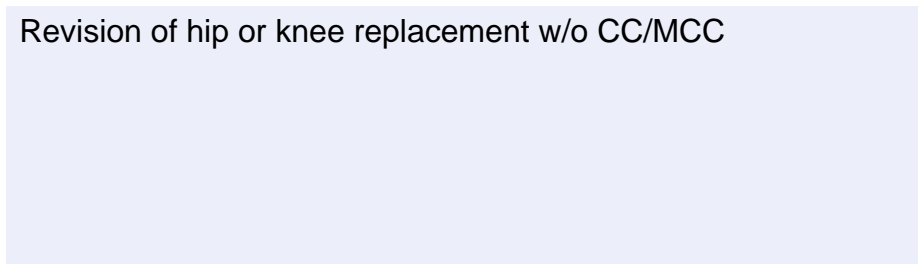
9514864000

# knee

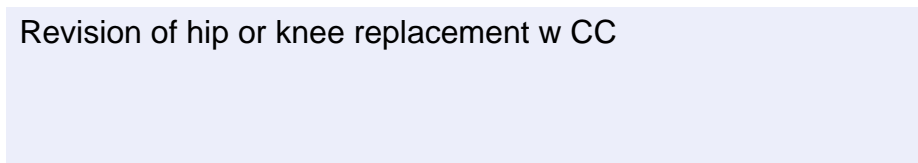
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

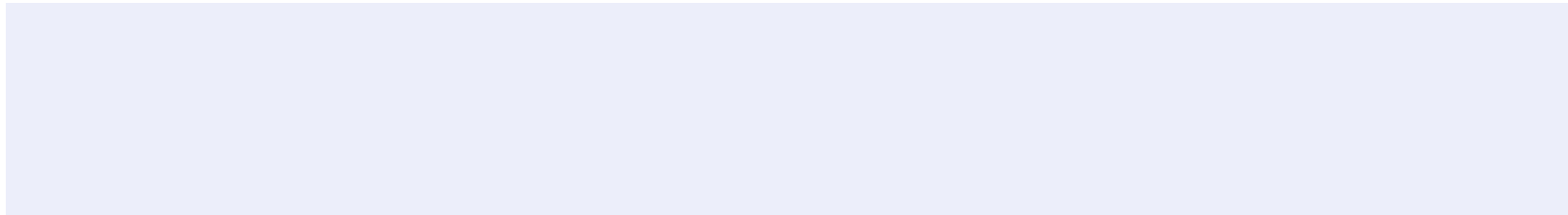


Revision of hip or knee replacement w CC

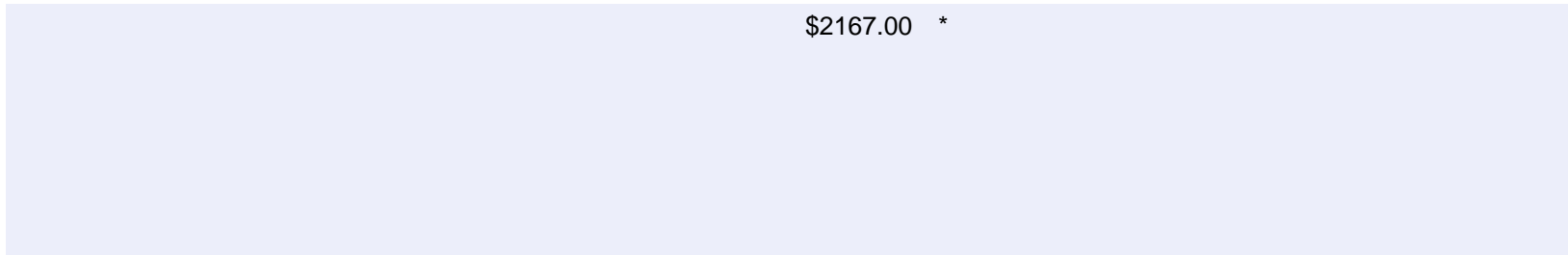


# knee

Based on Hospital Medicare Payment And Volume Measures



\$30842.00 \*



\$2167.00 \*

\$22613.00 \*



\$28282.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050292	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	26520 CACTUS AVENUE
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050298	BARSTOW COMMUNITY HOSPITAL	555 SOUTH SEVENTH AVENUE
--------	----------------------------	-----------------------------

050300	ST MARY MEDICAL CENTER	18300 HIGHWAY 18
--------	------------------------	------------------

050301	UKIAH VALLEY MEDICAL CENTER/HOSPITAL D	275 HOSPITAL DRIVE
--------	---	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

MORENO VALLEY CA

BARSTOW CA

APPLE VALLEY CA

UKIAH CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92555	RIVERSIDE	9514864000
-------	-----------	------------

92311	SAN BERNARDINO	7602561761
-------	----------------	------------

92307	SAN BERNARDINO	7602422311
-------	----------------	------------

95482	MENDOCINO	7074623111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$44208.00 \*

\$20092.00 \*

\$9667.00 \*

\$25898.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050305	ALTA BATES SUMMIT MEDICAL CENTER - ALTA BATES CAMP	2450 ASHBY AVE
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050305	ALTA BATES SUMMIT MEDICAL CENTER - ALTA BATES CAMP	2450 ASHBY AVE
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050305	ALTA BATES SUMMIT MEDICAL CENTER - ALTA BATES CAMP	2450 ASHBY AVE
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050308	EL CAMINO HOSPITAL	2500 GRANT ROAD
--------	--------------------	-----------------

050308	EL CAMINO HOSPITAL	2500 GRANT ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

BERKELEY CA

BERKELEY CA

BERKELEY CA

MOUNTAIN VIEW CA

MOUNTAIN VIEW CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94705	ALAMEDA	5102044444
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94705	ALAMEDA	5102044444
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94705	ALAMEDA	5102044444
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94040	SANTA CLARA	6509407000
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94040	SANTA CLARA	6509407000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$25912.00	12
	\$25055.00 *	
	\$24935.00 *	
	\$19190.00 *	
	\$35584.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050308	EL CAMINO HOSPITAL	2500 GRANT ROAD
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050309	SUTTER ROSEVILLE MEDICAL CENTER	ONE MEDICAL PLAZA
--------	---------------------------------	-------------------

050309	SUTTER ROSEVILLE MEDICAL CENTER	ONE MEDICAL PLAZA
--------	---------------------------------	-------------------

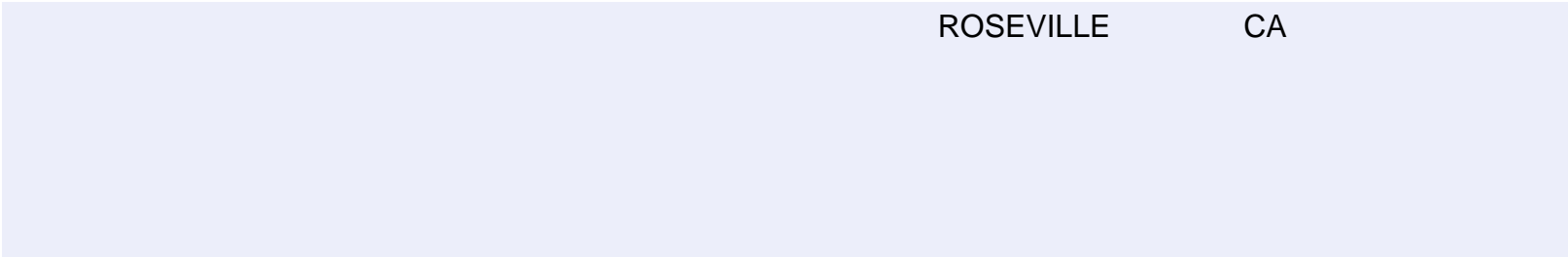
050309	SUTTER ROSEVILLE MEDICAL CENTER	ONE MEDICAL PLAZA
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050313	SUTTER TRACY COMMUNITY	1420 N TRACY BLVD
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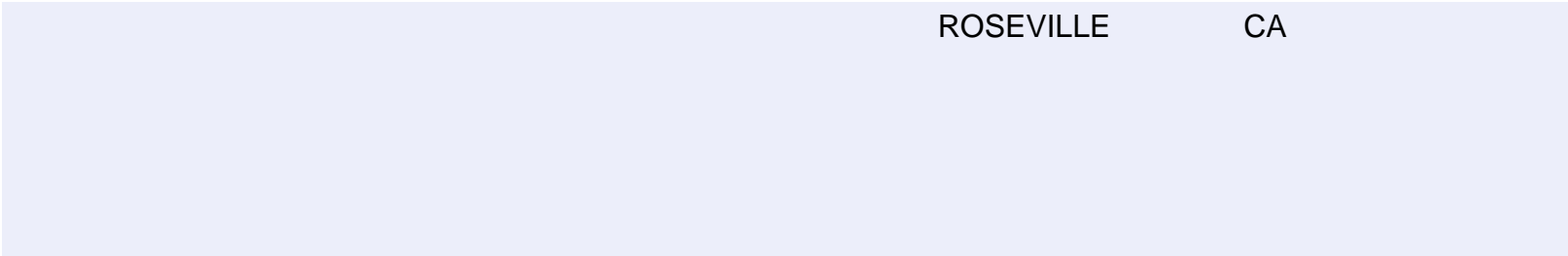
# knee

Based on Hospital Medicare Payment And Volume Measures

MOUNTAIN VIEW CA



ROSEVILLE CA



TRACY CA



# knee

Based on Hospital Medicare Payment And Volume Measures

94040

SANTA CLARA

6509407000

95661

PLACER

9167811000

95661

PLACER

9167811000

95661

PLACER

9167811000

95376

SAN JOAQUIN

2098351500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23991.00 \*

\$21620.00 \*

\$31930.00 \*

\$14411.00 \*

\$32118.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITAL

050315	KERN MEDICAL CENTER	1700 MOUNT VERNON AVENUE
--------	---------------------	-----------------------------

050324	SCRIPPS MEMORIAL HOSPITAL LA JOLLA	9888 GENESEE AVENUE
--------	---------------------------------------	---------------------

050324	SCRIPPS MEMORIAL HOSPITAL LA JOLLA	9888 GENESEE AVENUE
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050327	LOMA LINDA UNIVERSITY MEDICAL CENTER	11234 ANDERSON ST
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050327	LOMA LINDA UNIVERSITY MEDICAL CENTER	11234 ANDERSON ST
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050327	LOMA LINDA UNIVERSITY MEDICAL CENTER	11234 ANDERSON ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

BAKERSFIELD CA

LA JOLLA CA

LA JOLLA CA

LOMA LINDA CA

LOMA LINDA CA

LOMA LINDA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93306	KERN	6613262000
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92037	SAN DIEGO	8586264123
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92037	SAN DIEGO	8586264123
-------	-----------	------------

92354	SAN BERNARDINO	9095589200
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92354	SAN BERNARDINO	9095589200
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92354	SAN BERNARDINO	9095589200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$3016.00 \*

\$19355.00 \*

\$15481.00

14

\$24095.00

37

\$30500.00

26

\$45238.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050329	CORONA REGIONAL MEDICAL CENTER	800 SOUTH MAIN STREET
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050334	SALINAS VALLEY MEMORIAL HOSPITAL	450 EAST ROMIE LANE
--------	-------------------------------------	---------------------

050334	SALINAS VALLEY MEMORIAL HOSPITAL	450 EAST ROMIE LANE
--------	-------------------------------------	---------------------

050334	SALINAS VALLEY MEMORIAL HOSPITAL	450 EAST ROMIE LANE
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# knee

Based on Hospital Medicare Payment And Volume Measures

CORONA

CA

SALINAS

CA

SALINAS

CA

SALINAS

CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92882

RIVERSIDE

9517374343

93901

MONTEREY

8317574333

93901

MONTEREY

8317574333

93901

MONTEREY

8317574333

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19017.00 \*

\$20244.00 \*

\$25384.00 \*

\$21091.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050335	SONORA REGIONAL MEDICAL CENTER	1000 GREENLEY ROAD
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050335	SONORA REGIONAL MEDICAL CENTER	1000 GREENLEY ROAD
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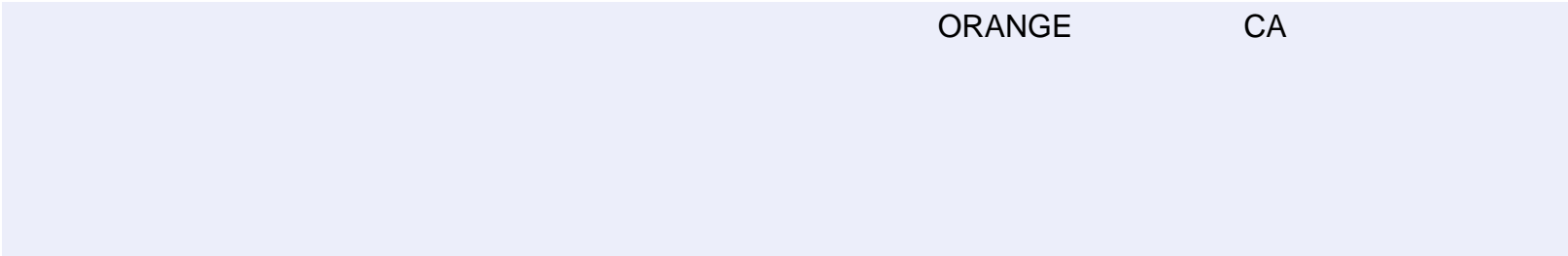
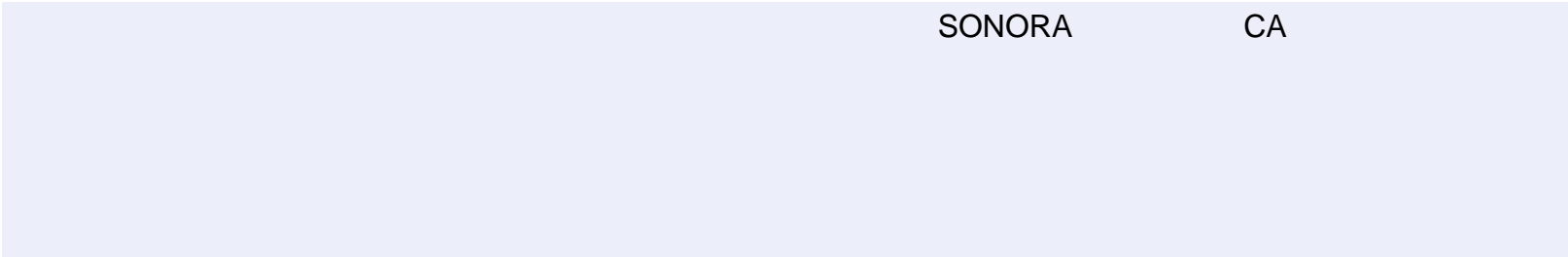
050336	LODI MEMORIAL HOSPITAL	975 S FAIRMONT AVENUE
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050348	UNIV OF CALIFORNIA IRVINE MED CENTER	101 CITY DRIVE SOUTH
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050348	UNIV OF CALIFORNIA IRVINE MED	101 CITY DRIVE SOUTH
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# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

95370

TUOLUMNE

2095323161

95370

TUOLUMNE

2095323161

95240

SAN JOAQUIN

2093343411

92868

ORANGE

7144566112

92868

ORANGE

7144566112

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$10286.00 \*

\$18132.00 \*

\$17876.00 \*

\$4209.00 \*

\$18829.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

050348	UNIV OF CALIFORNIA IRVINE MED CENTER	101 CITY DRIVE SOUTH
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050350	BEVERLY HOSPITAL	309 W BEVERLY BLVD
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050350	BEVERLY HOSPITAL	309 W BEVERLY BLVD
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050351	TORRANCE MEMORIAL MEDICAL CENTER	3330 LOMITA BLVD
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050351	TORRANCE MEMORIAL MEDICAL	3330 LOMITA BLVD
--------	---------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ORANGE CA

MONTEBELLO CA

MONTEBELLO CA

TORRANCE CA

TORRANCE CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92868	ORANGE	7144566112
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90640	LOS ANGELES	3237261222
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90640	LOS ANGELES	3237261222
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90509	LOS ANGELES	3103259110
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90509	LOS ANGELES	3103259110
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7770.00 \*

\$26947.00 \*

\$21554.00 \*

\$16837.00

12

\$17541.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

050353	PROVIDENCE LITTLE COMPANY OF MARY MED CTR TORRANCE	4101 TORRANCE BLVD
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050353	PROVIDENCE LITTLE COMPANY OF MARY MED CTR TORRANCE	4101 TORRANCE BLVD
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050357	GOLETA VALLEY COTTAGE HOSPITAL	351 S PATTERSON AVE
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050357	GOLETA VALLEY COTTAGE HOSPITAL	351 S PATTERSON AVE
--------	-----------------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

TORRANCE CA

TORRANCE CA

SANTA BARBARA CA

SANTA BARBARA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

90503

LOS ANGELES

3105407676

90503

LOS ANGELES

3105407676

93111

SANTA BARBARA

8056816446

93111

SANTA BARBARA

8056816446

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$22071.00 \*

\$20241.00 \*

\$28681.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050357	GOLETA VALLEY COTTAGE HOSPITAL	351 S PATTERSON AVE
050360	MARIN GENERAL HOSPITAL	250 BON AIR ROAD, PO BOX 8010
050360	MARIN GENERAL HOSPITAL	250 BON AIR ROAD, PO BOX 8010
050360	MARIN GENERAL HOSPITAL	250 BON AIR ROAD, PO BOX 8010
050366	MARK TWAIN ST JOSEPH'S HOSPITAL	768 MOUNTAIN RANCH RD
050367	NORTHBAY MEDICAL CENTER	1200 B GALE WILSON BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

SANTA BARBARA CA

GREENBRAE CA

GREENBRAE CA

GREENBRAE CA

SAN ANDREAS CA

FAIRFIELD CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93111	SANTA BARBARA	8056816446
94904	MARIN	4159257900
94904	MARIN	4159257900
94904	MARIN	4159257900
95249	CALAVERAS	2097542515
94533	SOLANO	7074293600

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

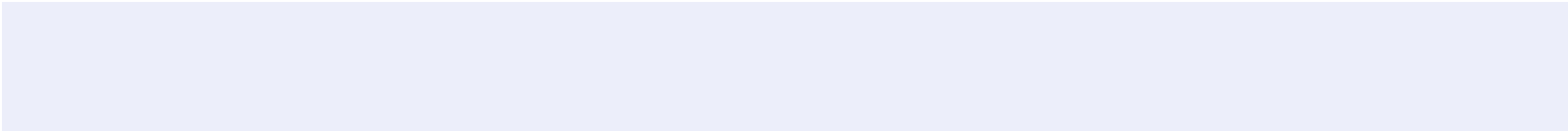
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$15467.00 13



\$49146.00 \*

\$25026.00 12



\$16834.00 \*

\$21813.00 \*



\$24488.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

050367	NORTHBAY MEDICAL CENTER	1200 B GALE WILSON BLVD
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050380	GOOD SAMARITAN HOSPITAL	2425 SAMARITAN DRIVE
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050380	GOOD SAMARITAN HOSPITAL	2425 SAMARITAN DRIVE
--------	-------------------------	----------------------

050380	GOOD SAMARITAN HOSPITAL	2425 SAMARITAN DRIVE
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050382	CITRUS VALLEY MEDICAL CENTER- IC CAMPUS	210 W SAN BERNARDINO ROAD
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050382	CITRUS VALLEY MEDICAL CENTER-	210 W SAN BERNARDINO
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# knee

Based on Hospital Medicare Payment And Volume Measures

FAIRFIELD CA

SAN JOSE CA

SAN JOSE CA

SAN JOSE CA

COVINA CA

COVINA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94533	SOLANO	7074293600
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95124	SANTA CLARA	4085592011
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95124	SANTA CLARA	4085592011
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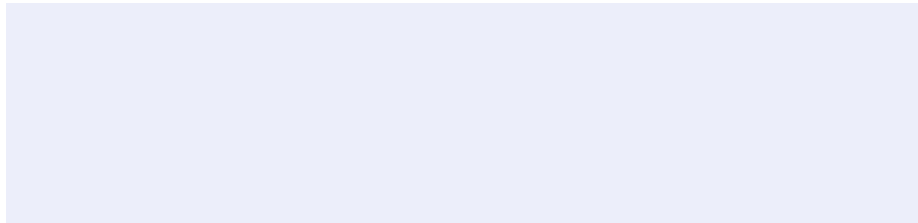
95124	SANTA CLARA	4085592011
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91723	LOS ANGELES	6268142468
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91723	LOS ANGELES	6268142468
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# knee

Based on Hospital Medicare Payment And Volume Measures

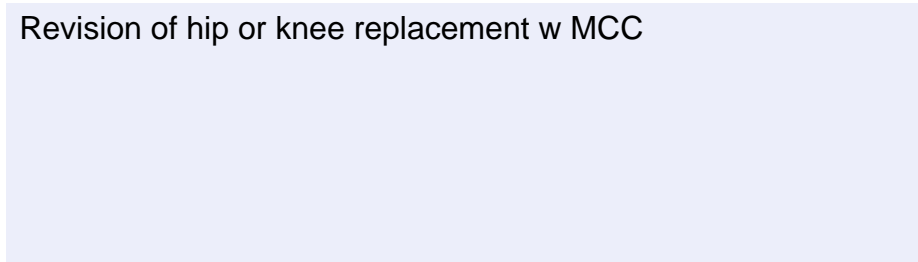


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$30615.00 \*

\$19763.00	12
------------	----

\$24708.00	22
------------	----

\$36647.00 \*

\$27934.00 \*

\$22344.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

	IC CAMPUS	ROAD
050385	PALM DRIVE HOSPITAL	501 PETALUMA AVE
050385	PALM DRIVE HOSPITAL	501 PETALUMA AVE
050390	HEMET VALLEY MEDICAL CENTER	1117 EAST DEVONSHIRE
050390	HEMET VALLEY MEDICAL CENTER	1117 EAST DEVONSHIRE

# knee

Based on Hospital Medicare Payment And Volume Measures

SEBASTOPOL CA

SEBASTOPOL CA

HEMET CA

HEMET CA



# knee

Based on Hospital Medicare Payment And Volume Measures

95472

SONOMA

7078238511

95472

SONOMA

7078238511

92543

RIVERSIDE

9516522811

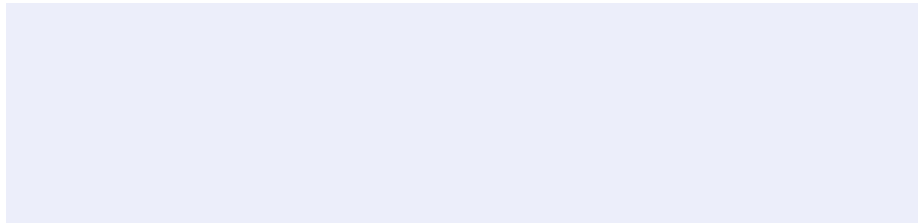
92543

RIVERSIDE

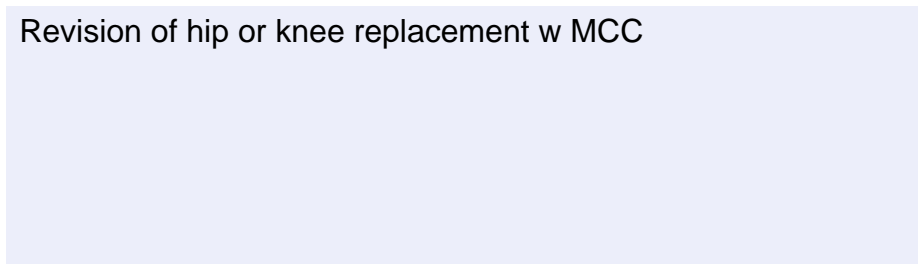
9516522811

# knee

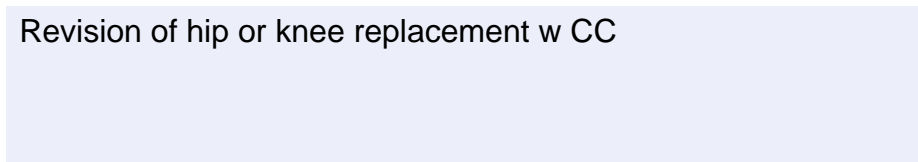
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



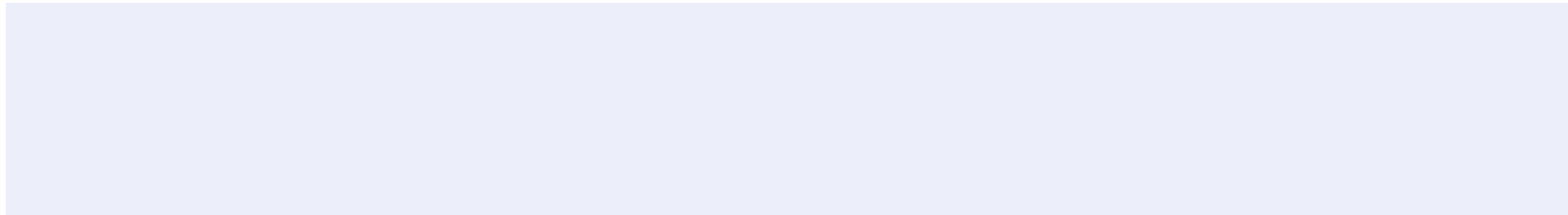
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

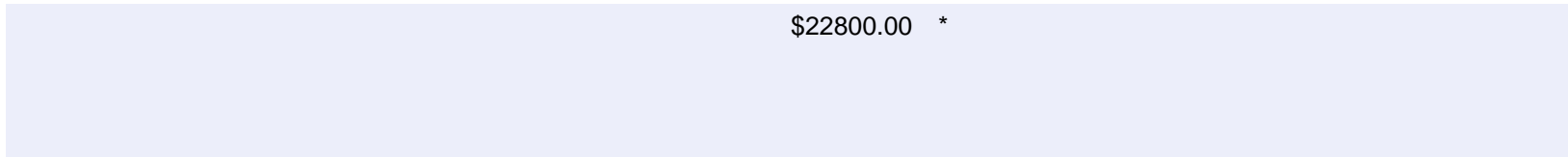
Based on Hospital Medicare Payment And Volume Measures



\$35018.00 \*



\$44229.00 \*



\$22800.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050393	DOWNEY REGIONAL MEDICAL CENTER	11500 BROOKSHIRE AVENUE
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050393	DOWNEY REGIONAL MEDICAL CENTER	11500 BROOKSHIRE AVENUE
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050393	DOWNEY REGIONAL MEDICAL CENTER	11500 BROOKSHIRE AVENUE
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050394	COMMUNITY MEMORIAL HOSPITAL SAN BUENAVENTURA	147 N BRENT ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

DOWNEY CA

DOWNEY CA

DOWNEY CA

VENTURA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

90241	LOS ANGELES	5269045000
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90241	LOS ANGELES	5269045000
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90241	LOS ANGELES	5269045000
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93003	VENTURA	8056525011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$807.00 \*

\$929.00 \*

\$30136.00 \*

\$16960.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050394	COMMUNITY MEMORIAL HOSPITAL SAN BUENAVENTURA	147 N BRENT ST
050396	SANTA BARBARA COTTAGE HOSPITAL	PUEBLO AT BATH ST
050396	SANTA BARBARA COTTAGE HOSPITAL	PUEBLO AT BATH ST
050396	SANTA BARBARA COTTAGE HOSPITAL	PUEBLO AT BATH ST
050411	KAISER FOUNDATION HOSPITAL - HARBOR CITY	25825 SOUTH VERMONT AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

VENTURA CA

SANTA BARBARA CA

SANTA BARBARA CA

SANTA BARBARA CA

HARBOR CITY CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93003	VENTURA	8056525011
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93105	SANTA BARBARA	8056827111
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93105	SANTA BARBARA	8056827111
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93105	SANTA BARBARA	8056827111
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90710	LOS ANGELES	3105176441
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16279.00 \*

\$17890.00

12

\$22366.00 \*

\$33112.00 \*

\$77.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050411	KAISER FOUNDATION HOSPITAL - HARBOR CITY	25825 SOUTH VERMONT AVENUE
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050411	KAISER FOUNDATION HOSPITAL - HARBOR CITY	25825 SOUTH VERMONT AVENUE
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050414	MERCY HOSPITAL OF FOLSOM	1650 CREEKSIDE DRIVE
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050414	MERCY HOSPITAL OF FOLSOM	1650 CREEKSIDE DRIVE
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050424	SCRIPPS GREEN HOSPITAL	10666 NORTH TORREY PINES ROAD
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050424	SCRIPPS GREEN HOSPITAL	10666 NORTH TORREY PINES ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

HARBOR CITY CA

HARBOR CITY CA

FOLSOM CA

FOLSOM CA

LA JOLLA CA

LA JOLLA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

90710	LOS ANGELES	3105176441
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90710	LOS ANGELES	3105176441
-------	-------------	------------

95630	SACRAMENTO	9169837400
-------	------------	------------

95630	SACRAMENTO	9169837400
-------	------------	------------

92037	SAN DIEGO	8585543600
-------	-----------	------------

92037	SAN DIEGO	8585543600
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$73.00 \*

\$115.00 12

\$20651.00 \*

\$16518.00 \*

\$16938.00 27

\$17056.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

050424	SCRIPPS GREEN HOSPITAL	10666 NORTH TORREY PINES ROAD
050425	KAISER FOUNDATION HOSPITAL - SACRAMENTO/ROSEVILLE	2025 MORSE AVENUE
050425	KAISER FOUNDATION HOSPITAL - SACRAMENTO/ROSEVILLE	2025 MORSE AVENUE
050425	KAISER FOUNDATION HOSPITAL - SACRAMENTO/ROSEVILLE	2025 MORSE AVENUE
050435	FALLBROOK HOSPITAL	624 E ELDER ST
050435	FALLBROOK HOSPITAL	624 E ELDER ST

# knee

Based on Hospital Medicare Payment And Volume Measures

LA JOLLA CA

SACRAMENTO CA

SACRAMENTO CA

SACRAMENTO CA

FALLBROOK CA

FALLBROOK CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92037	SAN DIEGO	8585543600
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95825	SACRAMENTO	9169735000
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95825	SACRAMENTO	9169735000
-------	------------	------------

95825	SACRAMENTO	9169735000
-------	------------	------------

92028	SAN DIEGO	7607281191
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92028	SAN DIEGO	7607281191
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17728.00	27
	\$515.00	26
	\$831.00 *	
	\$495.00	30
	\$16526.00 *	
	\$17439.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

050438	HUNTINGTON MEMORIAL HOSPITAL	100 W CALIFORNIA BLVD
050438	HUNTINGTON MEMORIAL HOSPITAL	100 W CALIFORNIA BLVD
050438	HUNTINGTON MEMORIAL HOSPITAL	100 W CALIFORNIA BLVD
050441	STANFORD HOSPITAL	300 PASTEUR DRIVE
050441	STANFORD HOSPITAL	300 PASTEUR DRIVE
050441	STANFORD HOSPITAL	300 PASTEUR DRIVE
050444	MERCY MEDICAL CENTER	333 MERCY AVENUE
050444	MERCY MEDICAL CENTER	333 MERCY AVENUE
050444	MERCY MEDICAL CENTER	333 MERCY AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

	PASADENA	CA
	PASADENA	CA
	PASADENA	CA
	STANFORD	CA
	STANFORD	CA
	STANFORD	CA
	MERCED	CA
	MERCED	CA
	MERCED	CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91109	LOS ANGELES	6263975000
91109	LOS ANGELES	6263975000
91109	LOS ANGELES	6263975000
94305	SANTA CLARA	6507235708
94305	SANTA CLARA	6507235708
94305	SANTA CLARA	6507235708
95340	MERCED	2095645000
95340	MERCED	2095645000
95340	MERCED	2095645000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$23379.00	21
	\$27787.00 *	
	\$18700.00	12
	\$27941.00	59
	\$35008.00	11
	\$34932.00	64
	\$25899.00 *	
	\$36338.00 *	
	\$20728.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050454	UCSF MEDICAL CENTER	505 PARNASSUS AVE
050454	UCSF MEDICAL CENTER	505 PARNASSUS AVE
050454	UCSF MEDICAL CENTER	505 PARNASSUS AVE
050455	SAN JOAQUIN COMMUNITY HOSPITAL	2615 CHESTER AVENUE
050455	SAN JOAQUIN COMMUNITY HOSPITAL	2615 CHESTER AVENUE
050457	ST MARY'S MEDICAL CENTER	450 STANYAN ST
050457	ST MARY'S MEDICAL CENTER	450 STANYAN ST
050457	ST MARY'S MEDICAL CENTER	450 STANYAN ST
050464	DOCTORS MEDICAL CENTER	1441 FLORIDA AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN FRANCISCO CA

SAN FRANCISCO CA

SAN FRANCISCO CA

BAKERSFIELD CA

BAKERSFIELD CA

SAN FRANCISCO CA

SAN FRANCISCO CA

SAN FRANCISCO CA

MODESTO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

94143	SAN FRANCISCO	4153532733
94143	SAN FRANCISCO	4153532733
94143	SAN FRANCISCO	4153532733
93301	KERN	6613953000
93301	KERN	6613953000

94117	SAN FRANCISCO	4156681000
94117	SAN FRANCISCO	4156681000
94117	SAN FRANCISCO	4156681000
95350	STANISLAUS	2095781211

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$52599.00	14
	\$36440.00	53
	\$29147.00	22
	\$20315.00	12
	\$1024.00 *	
	\$39359.00 *	
	\$27671.00	12
	\$22133.00	12
	\$26285.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050464	DOCTORS MEDICAL CENTER	1441 FLORIDA AVENUE
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050471	GOOD SAMARITAN HOSPITAL	1225 WILSHIRE BOULEVARD
050471	GOOD SAMARITAN HOSPITAL	1225 WILSHIRE BOULEVARD

050471	GOOD SAMARITAN HOSPITAL	1225 WILSHIRE BOULEVARD
050481	WEST HILLS HOSPITAL & MEDICAL CENTER	7300 MEDICAL CENTER DR

050481	WEST HILLS HOSPITAL & MEDICAL	7300 MEDICAL CENTER DR
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# knee

Based on Hospital Medicare Payment And Volume Measures

MODESTO CA

LOS ANGELES CA

LOS ANGELES CA

LOS ANGELES CA

WEST HILLS CA

WEST HILLS CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95350	STANISLAUS	2095781211
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90017	LOS ANGELES	2139772121
90017	LOS ANGELES	2139772121

90017	LOS ANGELES	2139772121
91307	LOS ANGELES	8186764100

91307	LOS ANGELES	8186764100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$70492.00 \*

\$22434.00

49

\$41600.00 \*

\$28047.00

44

\$20266.00 \*

\$30332.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

CENTER		
050481	WEST HILLS HOSPITAL & MEDICAL CENTER	7300 MEDICAL CENTER DR
050485	LONG BEACH MEMORIAL MEDICAL CENTER	2801 ATLANTIC AVE
050485	LONG BEACH MEMORIAL MEDICAL CENTER	2801 ATLANTIC AVE
050485	LONG BEACH MEMORIAL MEDICAL CENTER	2801 ATLANTIC AVE
050488	EDEN MEDICAL CENTER	20103 LAKE CHABOT ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

WEST HILLS CA

LONG BEACH CA

LONG BEACH CA

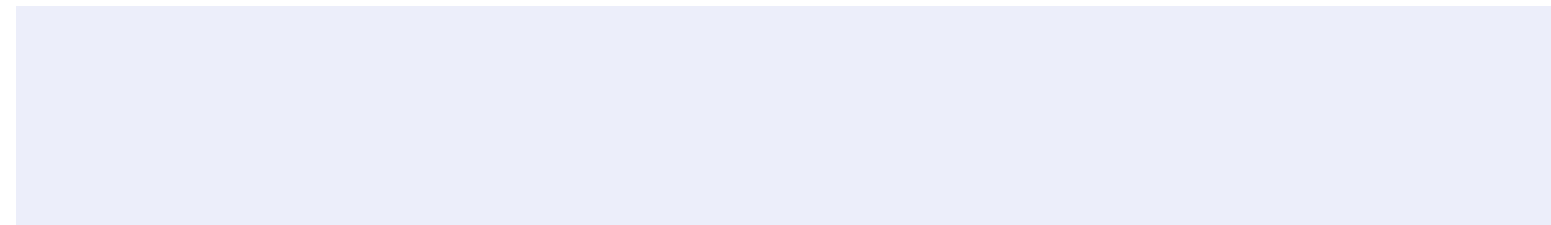
LONG BEACH CA

CASTRO VALLEY CA



# knee

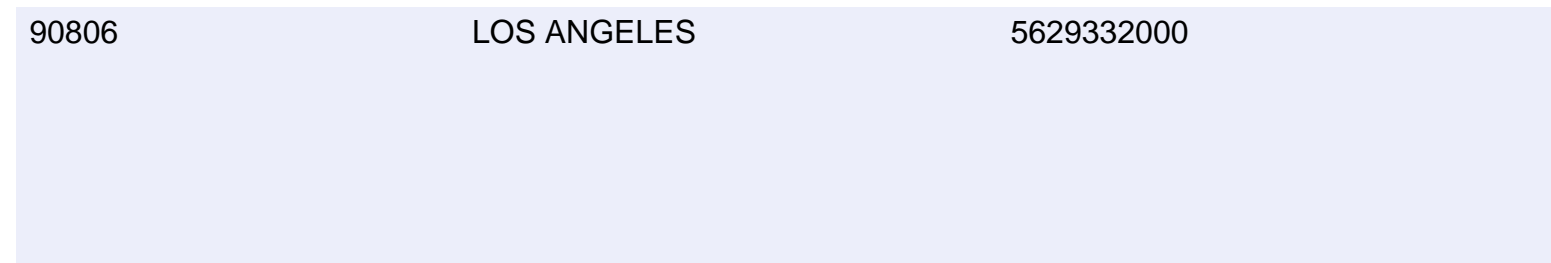
Based on Hospital Medicare Payment And Volume Measures



91307

LOS ANGELES

8186764100



90806

LOS ANGELES

5629332000



90806

LOS ANGELES

5629332000



90806

LOS ANGELES

5629332000



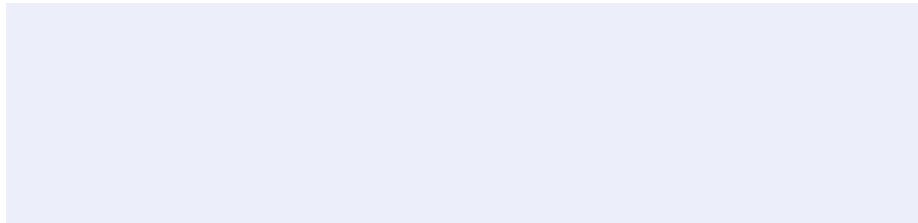
94546

ALAMEDA

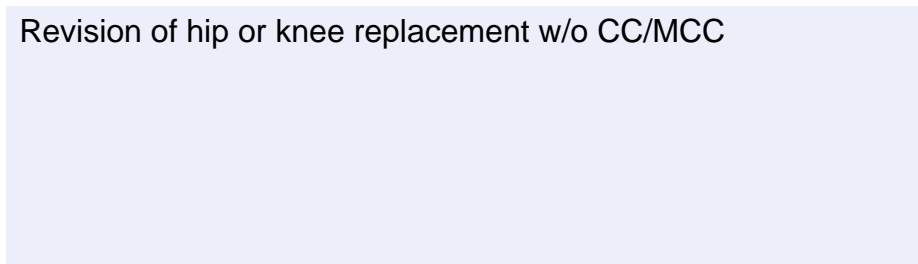
5105371234

# knee

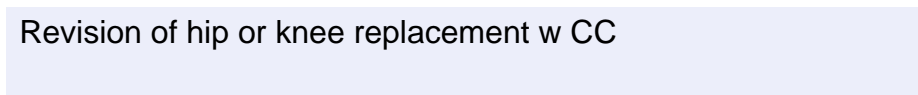
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



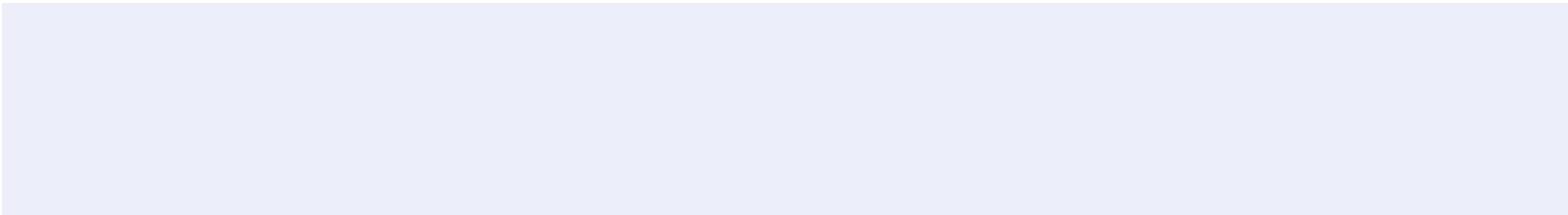
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$14860.00 \*



\$19859.00 \*



\$36824.00 \*

\$24827.00

20

\$21485.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050492	CLOVIS COMMUNITY MEDICAL CENTER	2755 HERNDON AVE
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050492	CLOVIS COMMUNITY MEDICAL CENTER	2755 HERNDON AVE
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050496	JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS	2540 EAST ST
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050498	SUTTER AUBURN FAITH HOSPITAL	11815 EDUCATION STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

CLOVIS CA

CLOVIS CA

CONCORD CA

AUBURN CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93611	FRESNO	5593244000
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93611	FRESNO	5593244000
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94520	CONTRA COSTA	9256742002
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95603	PLACER	5308884500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17040.00 \*

\$29889.00 \*

\$19773.00 \*

\$16995.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050498	SUTTER AUBURN FAITH HOSPITAL	11815 EDUCATION STREET
050498	SUTTER AUBURN FAITH HOSPITAL	11815 EDUCATION STREET
050502	SAINT VINCENT MEDICAL CENTER	2131 W 3RD ST
050502	SAINT VINCENT MEDICAL CENTER	2131 W 3RD ST
050502	SAINT VINCENT MEDICAL CENTER	2131 W 3RD ST
050503	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	354 SANTA FE DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

AUBURN	CA
--------	----

AUBURN	CA
--------	----

LOS ANGELES	CA
-------------	----

LOS ANGELES	CA
-------------	----

LOS ANGELES	CA
-------------	----

ENCINITAS	CA
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

95603	PLACER	5308884500
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95603	PLACER	5308884500
-------	--------	------------

90057	LOS ANGELES	2134847111
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90057	LOS ANGELES	2134847111
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90057	LOS ANGELES	2134847111
-------	-------------	------------

92024	SAN DIEGO	7607536501
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$33669.00 *	
	\$21247.00 *	
	\$27202.00	30
	\$40550.00 *	
	\$21758.00	26
	\$35410.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050503	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	354 SANTA FE DRIVE
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050506	SIERRA VISTA REGIONAL MEDICAL CENTER	1010 MURRAY ST
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050510	KAISER FOUNDATION HOSPITAL	99 MONTECILLO RD
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050510	KAISER FOUNDATION HOSPITAL	99 MONTECILLO RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

ENCINITAS CA

SAN LUIS OBISPO CA

SAN RAFAEL CA

SAN RAFAEL CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92024	SAN DIEGO	7607536501
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93405	SAN LUIS OBISPO	8505467600
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94903	MARIN	4154442000
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94903	MARIN	4154442000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20141.00 \*

\$17145.00 \*

\$103.00 \*

\$65.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

050510	KAISER FOUNDATION HOSPITAL	99 MONTECILLO RD
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050512	KAISER FOUNDATION HOSPITAL FREMONT/HAYWARD	27400 HESPERIAN BLVD
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050512	KAISER FOUNDATION HOSPITAL FREMONT/HAYWARD	27400 HESPERIAN BLVD
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050512	KAISER FOUNDATION HOSPITAL FREMONT/HAYWARD	27400 HESPERIAN BLVD
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050515	KAISER FOUNDATION HOSPITAL -	4647 ZION AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAN RAFAEL		CA
HAYWARD		CA
HAYWARD		CA
HAYWARD		CA
SAN DIEGO		CA



# knee

Based on Hospital Medicare Payment And Volume Measures

94903	MARIN	4154442000
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94545	ALAMEDA	5107844000
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94545	ALAMEDA	5107844000
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94545	ALAMEDA	5107844000
-------	---------	------------

92120	SAN DIEGO	6195285000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$96.00 *	
	\$162.00 *	
	\$143.00 *	
	\$125.00 *	
	\$235.00	26

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

	SAN DIEGO	
050515	KAISER FOUNDATION HOSPITAL - SAN DIEGO	4647 ZION AVE
050515	KAISER FOUNDATION HOSPITAL - SAN DIEGO	4647 ZION AVE
050516	MERCY SAN JUAN MEDICAL CENTER	6501 COYLE AVE
050516	MERCY SAN JUAN MEDICAL CENTER	6501 COYLE AVE
050516	MERCY SAN JUAN MEDICAL CENTER	6501 COYLE AVE
050517	VICTOR VALLEY COMMUNITY HOSPITAL	15248 11TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN DIEGO CA

SAN DIEGO CA

CARMICHAEL CA

CARMICHAEL CA

CARMICHAEL CA

VICTORVILLE CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92120	SAN DIEGO	6195285000
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92120	SAN DIEGO	6195285000
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95608	SACRAMENTO	9165375000
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95608	SACRAMENTO	9165375000
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95608	SACRAMENTO	9165375000
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92392	SAN BERNARDINO	7602458691
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$293.00

19

\$435.00 \*

\$35210.00 \*

\$25095.00 \*

\$20073.00

14

\$21385.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

050517

VICTOR VALLEY COMMUNITY  
HOSPITAL

15248 11TH ST

050517

VICTOR VALLEY COMMUNITY  
HOSPITAL

15248 11TH ST

050523

SUTTER DELTA MEDICAL CENTER

3901 LONE TREE WAY

050534

JOHN F KENNEDY MEMORIAL  
HOSPITAL, INC

47-111 MONROE STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

VICTORVILLE CA

VICTORVILLE CA

ANTIOCH CA

INDIO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92392

SAN BERNARDINO

7602458691

92392

SAN BERNARDINO

7602458691

94509

CONTRA COSTA

9257797200

92201

RIVERSIDE

7603476191

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24507.00 \*

\$39237.00 \*

\$27517.00 \*

\$23322.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050534	JOHN F KENNEDY MEMORIAL HOSPITAL, INC	47-111 MONROE STREET
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050534	JOHN F KENNEDY MEMORIAL HOSPITAL, INC	47-111 MONROE STREET
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050541	KAISER FOUNDATION HOSPITAL - REDWOOD CITY	1150 VETERANS BLVD
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050541	KAISER FOUNDATION HOSPITAL - REDWOOD CITY	1150 VETERANS BLVD
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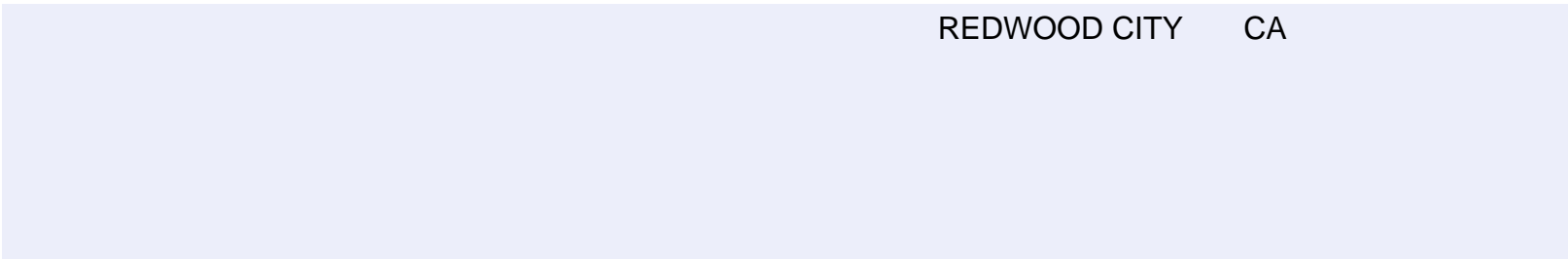
050549	LOS ROBLES HOSPITAL & MEDICAL CENTER	215 W JANSS RD
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# knee

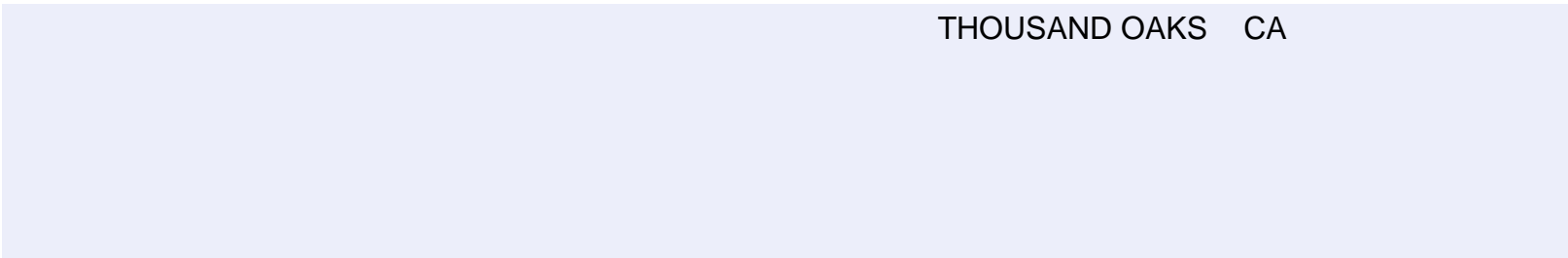
Based on Hospital Medicare Payment And Volume Measures

INDIO CA

INDIO CA



REDWOOD CITY CA



THOUSAND OAKS CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92201	RIVERSIDE	7603476191
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92201	RIVERSIDE	7603476191
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94063	SAN MATEO	6502992000
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94063	SAN MATEO	6502992000
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91360	VENTURA	8054972727
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

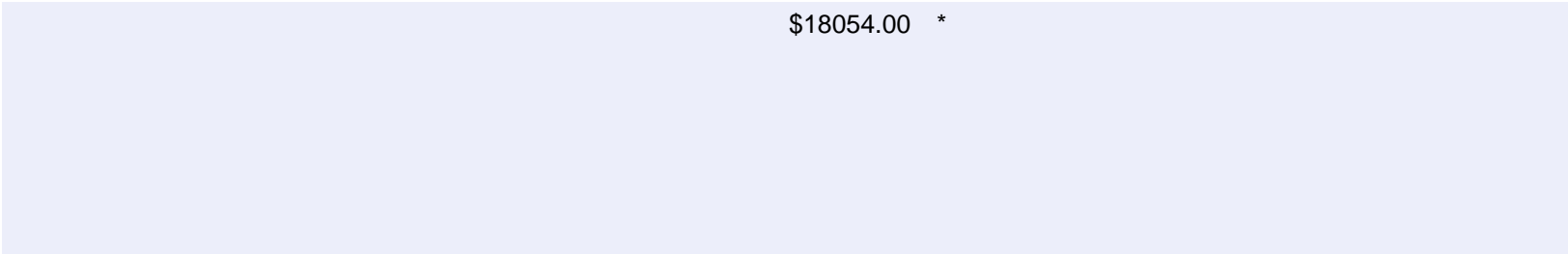
\$41751.00 \*

\$22336.00

16



\$8.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050549	LOS ROBLES HOSPITAL & MEDICAL CENTER	215 W JANSS RD
050549	LOS ROBLES HOSPITAL & MEDICAL CENTER	215 W JANSS RD

050551	LOS ALAMITOS MEDICAL CENTER	3751 KATELLA AVENUE
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050551	LOS ALAMITOS MEDICAL CENTER	3751 KATELLA AVENUE
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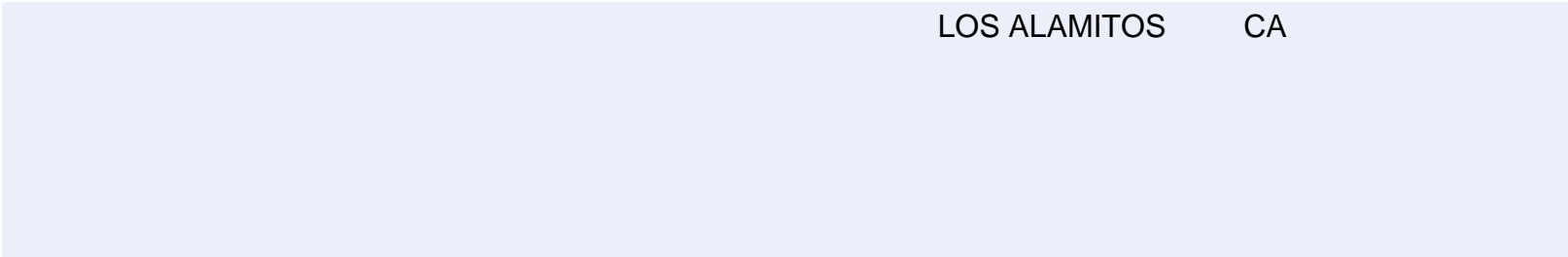
050551	LOS ALAMITOS MEDICAL CENTER	3751 KATELLA AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

THOUSAND OAKS CA

THOUSAND OAKS CA



LOS ALAMITOS CA



LOS ALAMITOS CA



# knee

Based on Hospital Medicare Payment And Volume Measures

91360	VENTURA	8054972727
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91360	VENTURA	8054972727
-------	---------	------------

90720	ORANGE	5627993220
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90720	ORANGE	5627993220
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90720	ORANGE	5627993220
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22571.00

17

\$33477.00 \*

\$30613.00 \*

\$20639.00 \*

\$16338.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050557	MEMORIAL MEDICAL CENTER	1700 COFFEE RD
050557	MEMORIAL MEDICAL CENTER	1700 COFFEE RD
050557	MEMORIAL MEDICAL CENTER	1700 COFFEE RD
050561	KAISER FOUNDATION HOSPITAL - WEST LA	6041 CADILLAC AVE
050561	KAISER FOUNDATION HOSPITAL - WEST LA	6041 CADILLAC AVE
050561	KAISER FOUNDATION HOSPITAL - WEST LA	6041 CADILLAC AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MODESTO CA

MODESTO CA

MODESTO CA

LOS ANGELES CA

LOS ANGELES CA

LOS ANGELES CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95355	STANISLAUS	2095264500
95355	STANISLAUS	2095264500
95355	STANISLAUS	2095264500

90034	LOS ANGELES	2138572201
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90034	LOS ANGELES	2138572201
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90034	LOS ANGELES	2138572201
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00	13
\$22017.00	15



\$28935.00 \*



\$60.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050567	MISSION HOSPITAL REGIONAL MED CENTER	27700 MEDICAL CENTER RD
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050567	MISSION HOSPITAL REGIONAL MED CENTER	27700 MEDICAL CENTER RD
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050567	MISSION HOSPITAL REGIONAL MED CENTER	27700 MEDICAL CENTER RD
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050570	FOUNTAIN VALLEY REGIONAL HOSPITAL & MEDICAL CENTER	17100 EUCLID STREET
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050570	FOUNTAIN VALLEY REGIONAL HOSPITAL & MEDICAL CENTER	17100 EUCLID STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

MISSION VIEJO CA

MISSION VIEJO CA

MISSION VIEJO CA

FOUNTAIN  
VALLEY CA

FOUNTAIN  
VALLEY CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92691	ORANGE	9493641400
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92691	ORANGE	9493641400
-------	--------	------------

92691	ORANGE	9493641400
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92708	ORANGE	7149667200
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92708	ORANGE	7149667200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16366.00 \*

\$20417.00 \*

\$31409.00 \*

\$22728.00 \*

\$40525.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

050570	FOUNTAIN VALLEY REGIONAL HOSPITAL & MEDICAL CENTER	17100 EUCLID STREET
050573	EISENHOWER MEDICAL CENTER	39-000 BOB HOPE DRIVE
050573	EISENHOWER MEDICAL CENTER	39-000 BOB HOPE DRIVE
050573	EISENHOWER MEDICAL CENTER	39-000 BOB HOPE DRIVE
050575	TRI-CITY REGIONAL MEDICAL CENTER	21530 S PIONEER BLVD
050581	LAKEWOOD REGIONAL MEDICAL CENTER	3700 E SOUTH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

FOUNTAIN VALLEY	CA
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RANCHO MIRAGE	CA
RANCHO MIRAGE	CA

RANCHO MIRAGE	CA
HAWAIIAN GARDENS	CA

LAKEWOOD	CA
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

92708	ORANGE	7149667200
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92270	RIVERSIDE	7603403911
-------	-----------	------------

92270	RIVERSIDE	7603403911
-------	-----------	------------

92270	RIVERSIDE	7603403911
-------	-----------	------------

90716	LOS ANGELES	5628600401
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90712	LOS ANGELES	5626026751
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$28884.00 *	
	\$19351.00	21
	\$30247.00 *	
	\$15478.00	33
	\$25325.00 *	
	\$103.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

050581

LAKWOOD REGIONAL MEDICAL  
CENTER

3700 E SOUTH ST

050586

CHINO VALLEY MEDICAL CENTER

5451 WALNUT AVE

050589

PLACENTIA LINDA HOSPITAL

1301 N ROSE DRIVE

050589

PLACENTIA LINDA HOSPITAL

1301 N ROSE DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

LAKEWOOD CA

CHINO CA

PLACENTIA CA

PLACENTIA CA



# knee

Based on Hospital Medicare Payment And Volume Measures

90712

LOS ANGELES

5626026751

91710

SAN BERNARDINO

9096276111

92870

ORANGE

7149932000

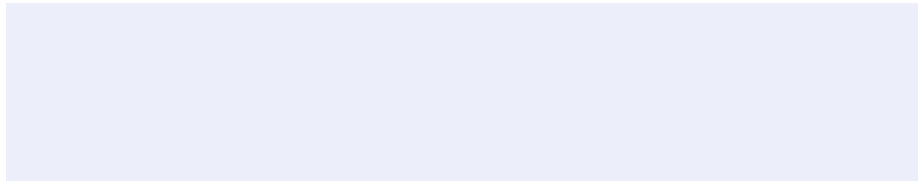
92870

ORANGE

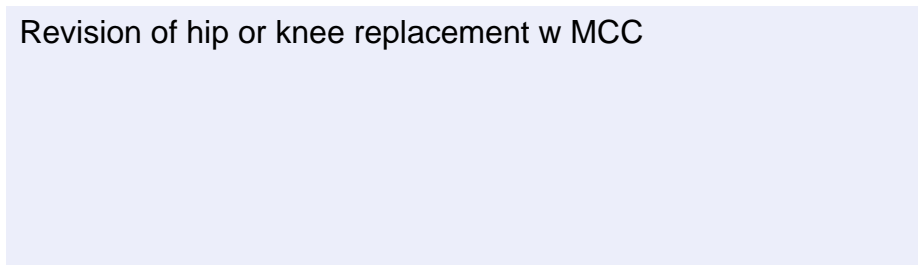
7149932000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$129.00 \*

\$40160.00 \*

\$19450.00 \*

\$15557.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

050590

METHODIST HOSPITAL OF  
SACRAMENTO

7500 HOSPITAL DRIVE

050590

METHODIST HOSPITAL OF  
SACRAMENTO

7500 HOSPITAL DRIVE

050597

FOOTHILL PRESBYTERIAN  
HOSPITAL

250 S GRAND AVE

050597

FOOTHILL PRESBYTERIAN  
HOSPITAL

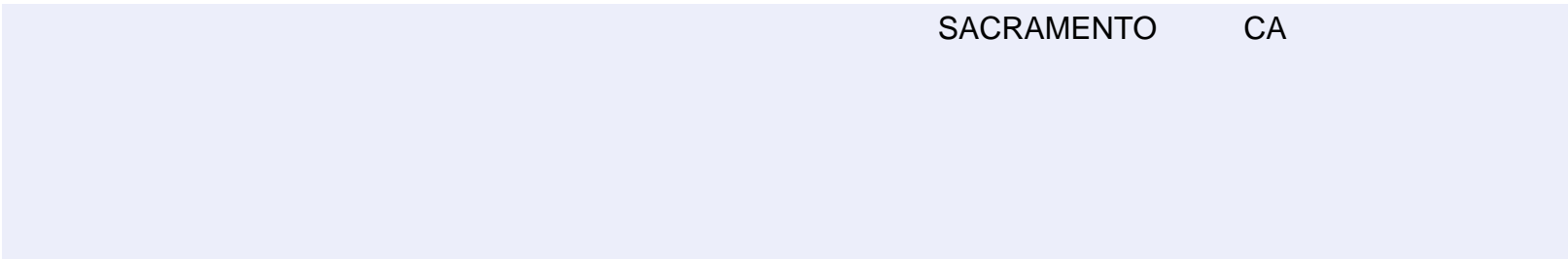
250 S GRAND AVE

# knee

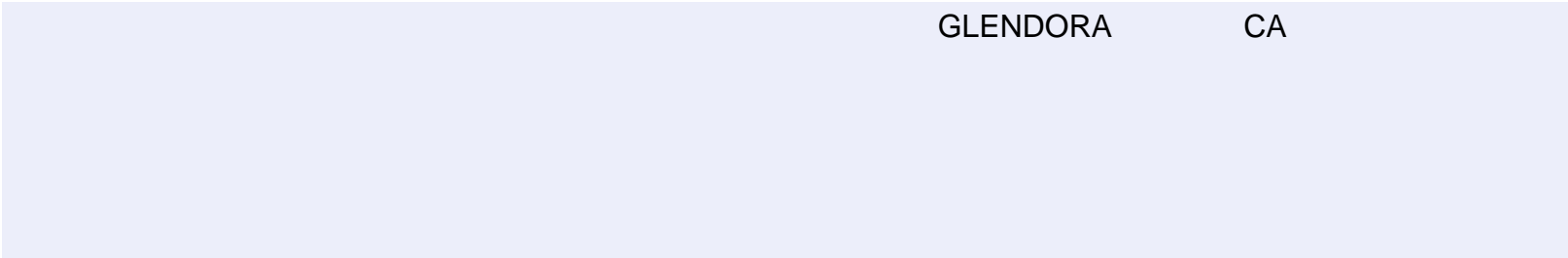
Based on Hospital Medicare Payment And Volume Measures



SACRAMENTO CA



SACRAMENTO CA



GLENDORA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95823

SACRAMENTO

9164236010

95823

SACRAMENTO

9164236010

91740

LOS ANGELES

6269638411

91740

LOS ANGELES

6269638411

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

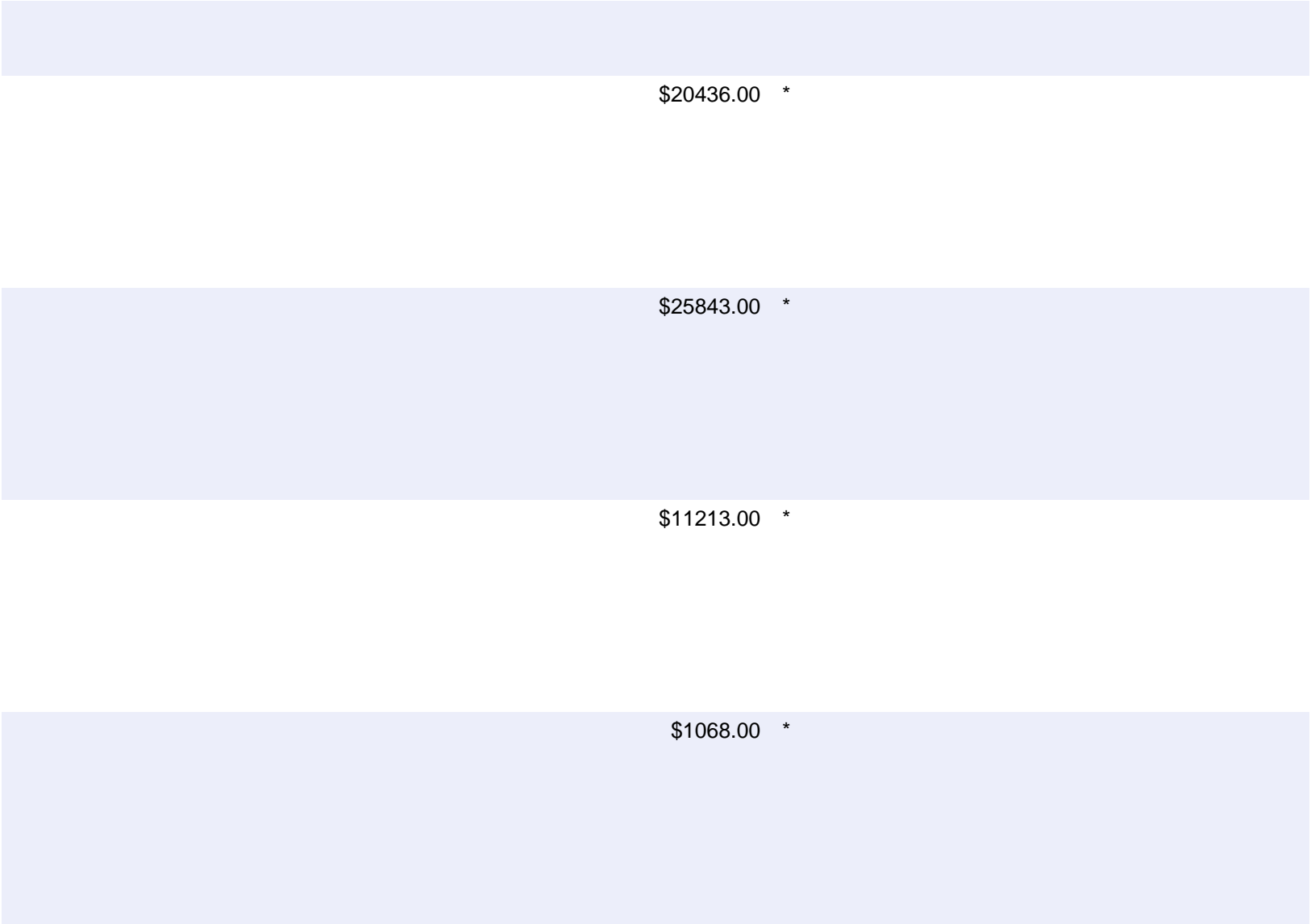
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



Category	Value
Category 1	\$20,436.00 *
Category 2	\$25,843.00 *
Category 3	\$1,068.00 *

\$20436.00 \*

\$25843.00 \*

\$11213.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050599	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	2315 STOCKTON BOULEVARD
050599	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	2315 STOCKTON BOULEVARD
050599	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	2315 STOCKTON BOULEVARD
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	24451 HEALTH CENTER DRIVE
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	24451 HEALTH CENTER DRIVE
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	24451 HEALTH CENTER DRIVE
050604	KAISER FOUNDATION HOSPITAL- SAN JOSE	250 HOSPITAL PARKWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

SACRAMENTO CA

SACRAMENTO CA

SACRAMENTO CA

LAGUNA HILLS CA

LAGUNA HILLS CA

LAGUNA HILLS CA

SAN JOSE CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95817	SACRAMENTO	9167342011
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95817	SACRAMENTO	9167342011
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95817	SACRAMENTO	9167342011
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92653	ORANGE	9498374500
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92653	ORANGE	9498374500
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92653	ORANGE	9498374500
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95119	SANTA CLARA	4089727000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27382.00 15

\$34233.00 16

\$50775.00 \*

\$9780.00 \*

\$32.00 13

\$26.00 16

\$7.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050604	KAISER FOUNDATION HOSPITAL- SAN JOSE	250 HOSPITAL PARKWAY
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050609	KAISER FOUNDATION HOSPITAL ANAHEIM	441 N LAKEVIEW AVENUE
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050609	KAISER FOUNDATION HOSPITAL ANAHEIM	441 N LAKEVIEW AVENUE
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050609	KAISER FOUNDATION HOSPITAL ANAHEIM	441 N LAKEVIEW AVENUE
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050616	ST JOHNS PLEASANT VALLEY HOSPITAL	2309 ANTONIO AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAN JOSE CA

ANAHEIM CA

ANAHEIM CA

ANAHEIM CA

CAMARILLO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95119	SANTA CLARA	4089727000
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92807	ORANGE	7142794000
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92807	ORANGE	7142794000
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92807	ORANGE	7142794000
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93010	VENTURA	8053895800
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$8.00 \*

\$885.00 \*



\$1106.00

14



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050616	ST JOHNS PLEASANT VALLEY HOSPITAL	2309 ANTONIO AVE
050616	ST JOHNS PLEASANT VALLEY HOSPITAL	2309 ANTONIO AVE
050624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	23845 W MCBEAN PKWY
050624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	23845 W MCBEAN PKWY
050625	CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD
050625	CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

CAMARILLO CA

CAMARILLO CA

VALENCIA CA

VALENCIA CA

LOS ANGELES CA

LOS ANGELES CA



# knee

Based on Hospital Medicare Payment And Volume Measures

93010	VENTURA	8053895800
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93010	VENTURA	8053895800
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91355	LOS ANGELES	6612538000
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91355	LOS ANGELES	6612538000
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90048	LOS ANGELES	3104235000
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90048	LOS ANGELES	3104235000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15560.00 \*

\$15524.00 \*



\$16652.00 \*

\$20676.00 \*

\$25605.00	65
\$38051.00	12

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050625	CEDARS-SINAI MEDICAL CENTER	8700 BEVERLY BLVD
050633	TWIN CITIES COMMUNITY HOSPITAL	1100 LAS TABLAS RD

050633	TWIN CITIES COMMUNITY HOSPITAL	1100 LAS TABLAS RD
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050633	TWIN CITIES COMMUNITY HOSPITAL	1100 LAS TABLAS RD
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050636	POMERADO HOSPITAL	15615 POMERADO ROAD
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050636	POMERADO HOSPITAL	15615 POMERADO ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

LOS ANGELES	CA
-------------	----

TEMPLETON	CA
-----------	----

TEMPLETON	CA
-----------	----

TEMPLETON	CA
-----------	----

POWAY	CA
-------	----

POWAY	CA
-------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

90048	LOS ANGELES	3104235000
93465	SAN LUIS OBISPO	8054343500

93465	SAN LUIS OBISPO	8054343500
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93465	SAN LUIS OBISPO	8054343500
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92064	SAN DIEGO	8584856511
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92064	SAN DIEGO	8584856511
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20558.00	62
	\$16302.00 *	
	\$27437.00 *	
	\$20444.00 *	
	\$19337.00 *	
	\$29410.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050636	POMERADO HOSPITAL	15615 POMERADO ROAD
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050674	KAISER FOUNDATION HOSP SO SACRAMENTO	6600 BRUCEVILLE ROAD
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050674	KAISER FOUNDATION HOSP SO SACRAMENTO	6600 BRUCEVILLE ROAD
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050677	KAISER FOUNDATION HOSPITAL - WOODLAND HILLS	5601 DE SOTO
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# knee

Based on Hospital Medicare Payment And Volume Measures

POWAY CA

SACRAMENTO CA

SACRAMENTO CA

WOODLAND HILLS CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92064

SAN DIEGO

8584856511

95823

SACRAMENTO

9166882000

95823

SACRAMENTO

9166882000

91367

LOS ANGELES

8187193800

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14178.00 \*

\$839.00 \*

\$844.00 \*

\$598.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050677

KAISER FOUNDATION HOSPITAL -  
WOODLAND HILLS

5601 DE SOTO

050677

KAISER FOUNDATION HOSPITAL -  
WOODLAND HILLS

5601 DE SOTO

050678

ORANGE COAST MEMORIAL  
MEDICAL CENTER

9920 TALBERT AVENUE

050678

ORANGE COAST MEMORIAL  
MEDICAL CENTER

9920 TALBERT AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

WOODLAND HILLS CA

WOODLAND HILLS CA

FOUNTAIN VALLEY CA

FOUNTAIN VALLEY CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91367	LOS ANGELES	8187193800
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91367	LOS ANGELES	8187193800
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92708	ORANGE	7143787406
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92708	ORANGE	7143787406
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$967.00 \*

\$521.00 \*

\$9553.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050678	ORANGE COAST MEMORIAL MEDICAL CENTER	9920 TALBERT AVENUE
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050680	NORTHBAY VACAVALLEY HOSPITAL	1000 NUT TREE ROAD
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050680	NORTHBAY VACAVALLEY HOSPITAL	1000 NUT TREE ROAD
--------	------------------------------	--------------------

050680	NORTHBAY VACAVALLEY HOSPITAL	1000 NUT TREE ROAD
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050684	MENIFEE VALLEY MEDICAL CENTER	28400 MCCALL BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

FOUNTAIN  
VALLEY CA

VACAVILLE CA

VACAVILLE CA

VACAVILLE CA

SUN CITY CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92708	ORANGE	7143787406
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95688	SOLANO	7074464000
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95688	SOLANO	7074464000
-------	--------	------------

95688	SOLANO	7074464000
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92585	RIVERSIDE	9516798888
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1024.00 \*

\$24880.00 \*

\$34831.00 \*

\$19901.00 \*

\$16356.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

050684	MENIFEE VALLEY MEDICAL CENTER	28400 MCCALL BOULEVARD
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050686	KAISER FOUNDATION HOSPITAL, RIVERSIDE	10800 MAGNOLIA AVENUE
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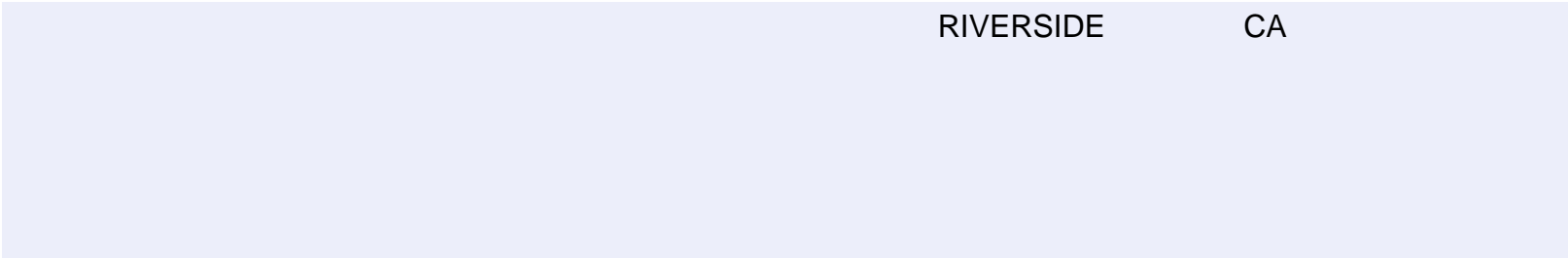
050686	KAISER FOUNDATION HOSPITAL, RIVERSIDE	10800 MAGNOLIA AVENUE
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050686	KAISER FOUNDATION HOSPITAL, RIVERSIDE	10800 MAGNOLIA AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SUN CITY CA



RIVERSIDE CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92585

RIVERSIDE

9516798888

92505

RIVERSIDE

9513532000

92505

RIVERSIDE

9513532000

92505

RIVERSIDE

9513532000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20384.00 \*

\$789.00 \*

\$1107.00 \*

\$579.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050688	SAINT LOUISE REGIONAL HOSPITAL	9400 NO NAME UNO
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050689	SAN RAMON REGIONAL MEDICAL CTR	6001 NORRIS CANYON ROAD
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050689	SAN RAMON REGIONAL MEDICAL CTR	6001 NORRIS CANYON ROAD
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050690	KAISER FOUNDATION HOSPITAL- SANTA ROSA	401 BICENTENNIAL WAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

GILROY CA

SAN RAMON CA

SAN RAMON CA

SANTA ROSA CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95020	SANTA CLARA	4088482000
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94583	CONTRA COSTA	9252759200
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94583	CONTRA COSTA	9252759200
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95403	SONOMA	7075714000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21289.00 \*

\$23660.00 \*

\$18924.00 \*

\$53.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050690	KAISER FOUNDATION HOSPITAL- SANTA ROSA	401 BICENTENNIAL WAY
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050690	KAISER FOUNDATION HOSPITAL- SANTA ROSA	401 BICENTENNIAL WAY
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050696	USC UNIVERSITY HOSPITAL	1500 SAN PABLO ST
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050696	USC UNIVERSITY HOSPITAL	1500 SAN PABLO ST
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050696	USC UNIVERSITY HOSPITAL	1500 SAN PABLO ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

SANTA ROSA CA

SANTA ROSA CA

LOS ANGELES CA

LOS ANGELES CA

LOS ANGELES CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95403	SONOMA	7075714000
95403	SONOMA	7075714000
90033	LOS ANGELES	3234428656
90033	LOS ANGELES	3234428656
90033	LOS ANGELES	3234428656

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

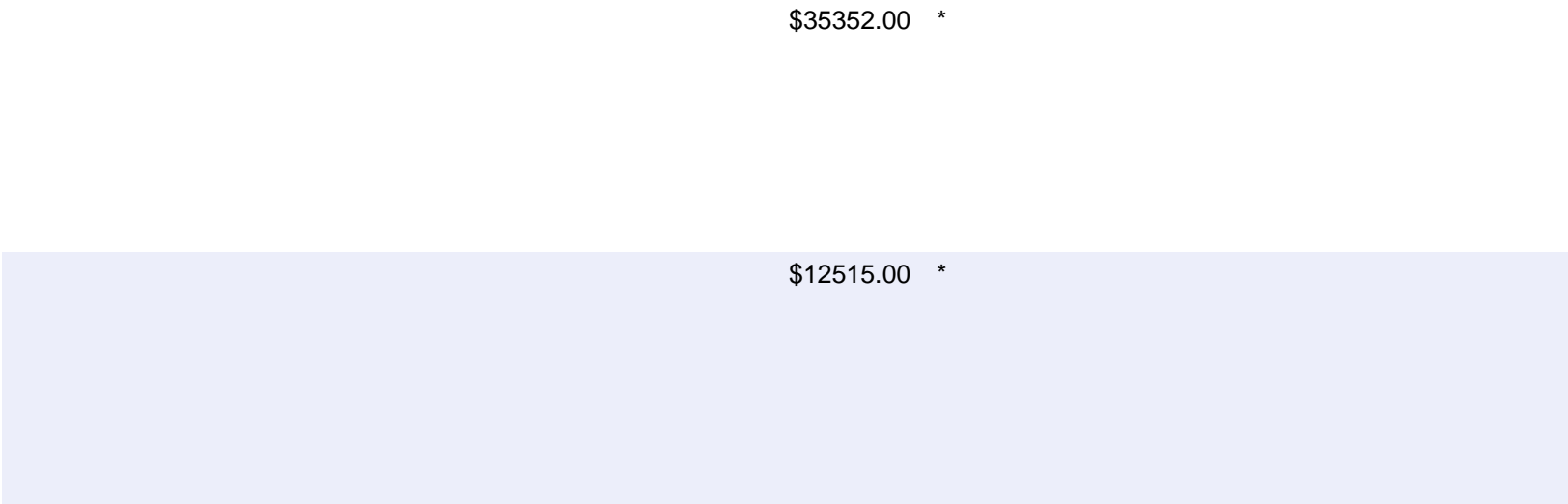
Based on Hospital Medicare Payment And Volume Measures



\$67.00 \*



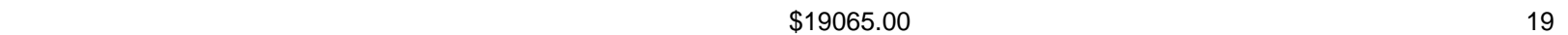
\$99.00 \*



\$35352.00 \*



\$12515.00 \*



\$19065.00

19

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050701	SOUTHWEST HEALTHCARE SYSTEM	25500 MEDICAL CENTER DRIVE
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050701	SOUTHWEST HEALTHCARE SYSTEM	25500 MEDICAL CENTER DRIVE
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050701	SOUTHWEST HEALTHCARE SYSTEM	25500 MEDICAL CENTER DRIVE
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050704	MISSION COMMUNITY HOSPITAL - PANORAMA	14850 ROSCOE BLVD
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050708	FRESNO SURGICAL HOSPITAL	6125 NORTH FRESNO ST
050708	FRESNO SURGICAL HOSPITAL	6125 NORTH FRESNO ST

# knee

Based on Hospital Medicare Payment And Volume Measures

	MURRIETA	CA
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	MURRIETA	CA
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	MURRIETA	CA
--	----------	----

	PANORAMA CITY	CA
--	---------------	----

	FRESNO	CA
--	--------	----

	FRESNO	CA
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# knee

Based on Hospital Medicare Payment And Volume Measures

92562	RIVERSIDE	9516966000
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92562	RIVERSIDE	9516966000
-------	-----------	------------

92562	RIVERSIDE	9516966000
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91402	LOS ANGELES	8187872222
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93710	FRESNO	5594318000
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93710	FRESNO	5594318000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$21210.00 \*



\$29664.00 \*



\$15827.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050709	DESERT VALLEY HOSPITAL	16850 BEAR VALLEY RD
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050709	DESERT VALLEY HOSPITAL	16850 BEAR VALLEY RD
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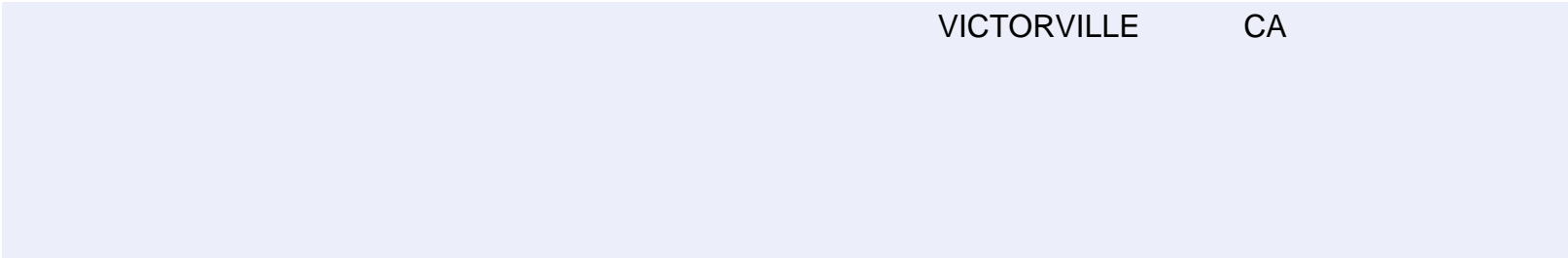
050709	DESERT VALLEY HOSPITAL	16850 BEAR VALLEY RD
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050710	KAISER FOUNDATION HOSPITAL - FRESNO	7300 NORTH FRESNO ST
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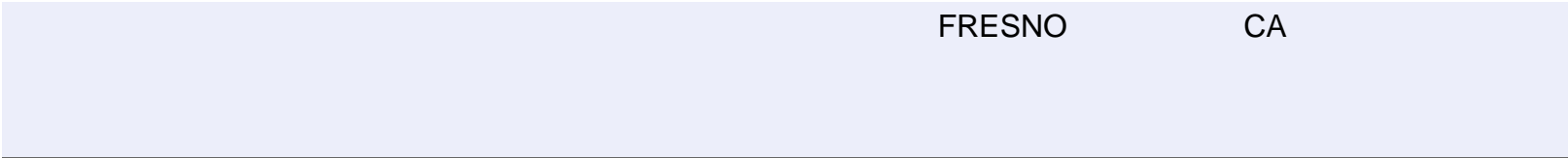
# knee

Based on Hospital Medicare Payment And Volume Measures

VICTORVILLE CA



VICTORVILLE CA



# knee

Based on Hospital Medicare Payment And Volume Measures

92395	SAN BERNARDINO	7602418000
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92395	SAN BERNARDINO	7602418000
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92395	SAN BERNARDINO	7602418000
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93720	FRESNO	5594484500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$31861.00 \*

\$21481.00 \*

\$15750.00 \*

\$13.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050710	KAISER FOUNDATION HOSPITAL - FRESNO	7300 NORTH FRESNO ST
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050714	SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	2900 CHANTICLEER AVENUE
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050717	LAC/RANCHO LOS AMIGOS NATIONAL REHABILITATION CTR	7601 EAST IMPERIAL HIGHWAY
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050726	STANISLAUS SURGICAL HOSPITAL	1421 OAKDALE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

FRESNO

CA

SANTA CRUZ

CA

DOWNEY

CA

MODESTO

CA

# knee

Based on Hospital Medicare Payment And Volume Measures

93720	FRESNO	5594484500
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95065	SANTA CRUZ	8314772200
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90242	ORANGE	5624017022
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95355	STANISLAUS	2095722700
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17.00 \*

\$21107.00 \*

\$28462.00 \*

\$16254.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050726	STANISLAUS SURGICAL HOSPITAL	1421 OAKDALE ROAD
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050735	WHITTIER HOSPITAL MEDICAL CENTER	9080 COLIMA RD
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050736	MONTEREY PARK HOSPITAL	900 S ATLANTIC BLVD
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050739	CENTINELA HOSPITAL MEDICAL CENTER	555 EAST HARDY STREET
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050739	CENTINELA HOSPITAL MEDICAL	555 EAST HARDY STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

MODESTO CA

WHITTIER CA

MONTEREY PARK CA

INGLEWOOD CA

INGLEWOOD CA

# knee

Based on Hospital Medicare Payment And Volume Measures

95355	STANISLAUS	2095722700
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90605	LOS ANGELES	5629453561
-------	-------------	------------

91754	LOS ANGELES	6265709000
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90301	LOS ANGELES	3106734660
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90301	LOS ANGELES	3106734660
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15601.00 \*

\$26980.00 \*

\$25080.00 \*

\$21280.00 \*

\$39460.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

050740

MARINA DEL REY HOSPITAL

4650 LINCOLN BLVD

050740

MARINA DEL REY HOSPITAL

4650 LINCOLN BLVD

050742

OLYMPIA MEDICAL CENTER

5900 WEST OLYMPIC  
BOULEVARD

050742

OLYMPIA MEDICAL CENTER

5900 WEST OLYMPIC  
BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

MARINA DEL REY CA

MARINA DEL REY CA

LOS ANGELES CA

LOS ANGELES CA



# knee

Based on Hospital Medicare Payment And Volume Measures

90291

LOS ANGELES

3108238911

90291

LOS ANGELES

3108238911

90036

LOS ANGELES

3106575900

90036

LOS ANGELES

3106575900

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19408.00 \*

\$14477.00 \*

\$18157.00 \*

\$33669.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050747	COASTAL COMMUNITIES HOSPITAL	2701 S BRISTOL ST
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050748	KAISER FOUNDATION HOSPITAL MANTECA	1777 WEST YOSEMITE AVE
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050749	THOUSAND OAKS SURGICAL HOSPITAL	401 ROLLING OAKS DR
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050752	BROTMAN MEDICAL CENTER	3828 DELMAS TERRACE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SANTA ANA CA

MANTECA CA

THOUSAND OAKS CA

CULVER CITY CA

# knee

Based on Hospital Medicare Payment And Volume Measures

92704	ORANGE	7147545454
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95337	SAN JOAQUIN	2098253700
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91361	VENTURA	8057777750
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90231	LOS ANGELES	3108367000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$45199.00 \*

\$15592.00 \*

\$12936.00 \*

\$23442.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

050755	SHERMAN OAKS HOSPITAL	4929 VAN NUYS BLVD
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050755	SHERMAN OAKS HOSPITAL	4929 VAN NUYS BLVD
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050757	ALVARADO HOSPITAL	6655 ALVARADO ROAD
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050757	ALVARADO HOSPITAL	6655 ALVARADO ROAD
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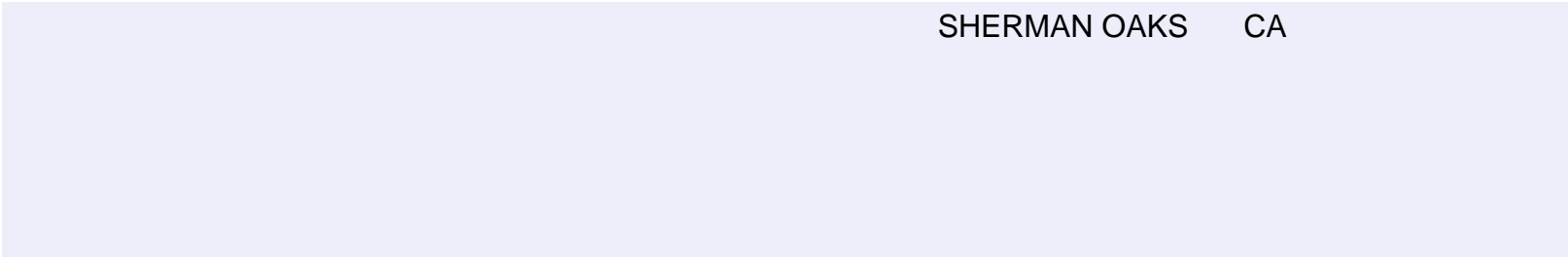
050757	ALVARADO HOSPITAL	6655 ALVARADO ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures



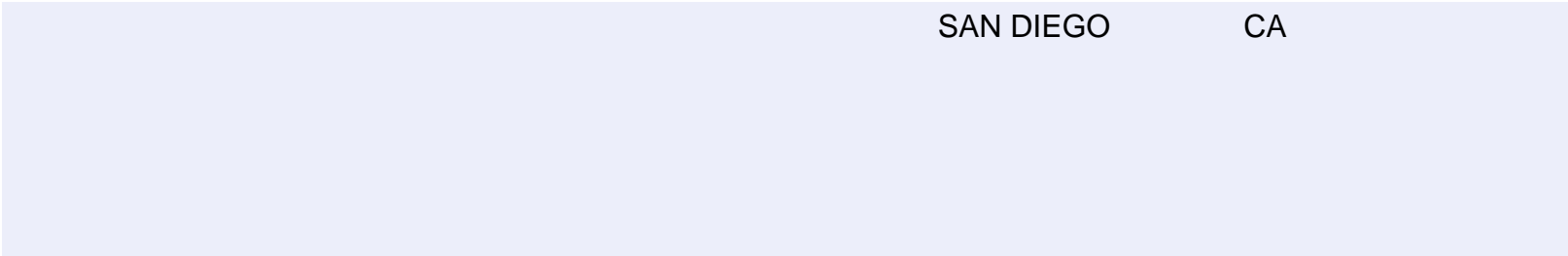
SHERMAN OAKS CA



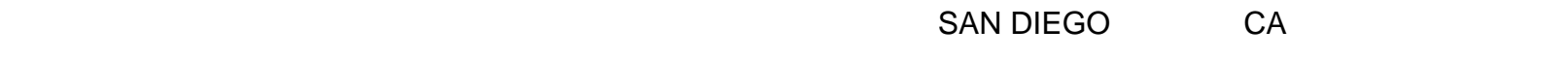
SHERMAN OAKS CA



SAN DIEGO CA



SAN DIEGO CA



SAN DIEGO CA

# knee

Based on Hospital Medicare Payment And Volume Measures

91403	LOS ANGELES	8189817111
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91403	LOS ANGELES	8189817111
-------	-------------	------------

92120	SAN DIEGO	6192293172
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92120	SAN DIEGO	6192293172
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92120	SAN DIEGO	6192293172
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



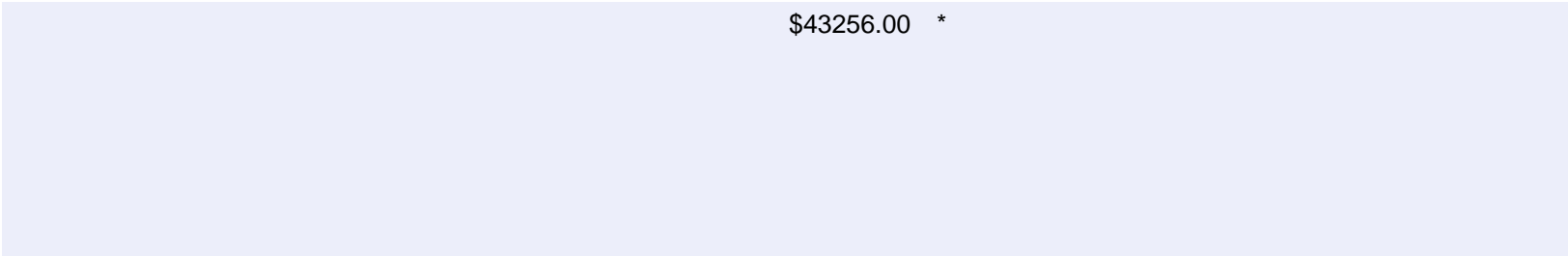
\$9714.00 \*



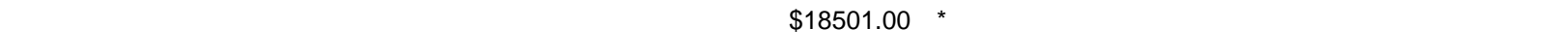
\$18132.00 \*



\$17758.00 \*



\$43256.00 \*



\$18501.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

050760	KAISER FOUNDATION HOSPITAL - ANTIOCH	4501 SAND CREEK ROAD
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050760	KAISER FOUNDATION HOSPITAL - ANTIOCH	4501 SAND CREEK ROAD
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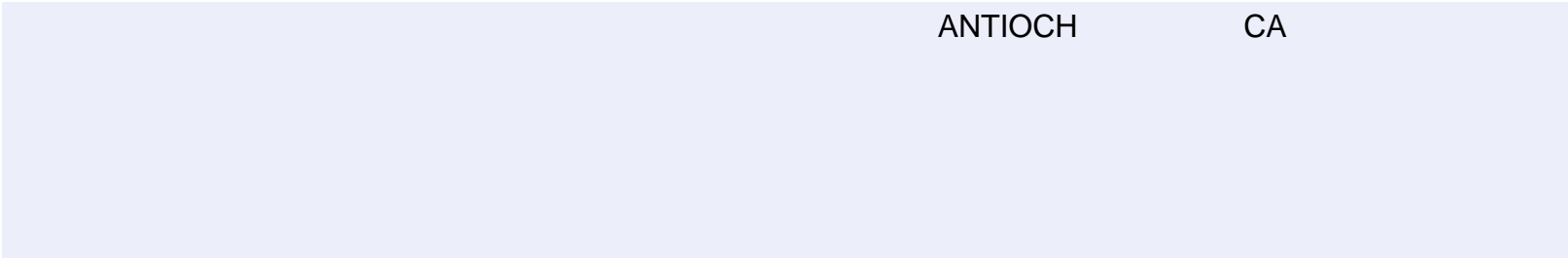
050761	PROVIDENCE TARZANA MEDICAL CENTER	18321 CLARK STREET
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050761	PROVIDENCE TARZANA MEDICAL CENTER	18321 CLARK STREET
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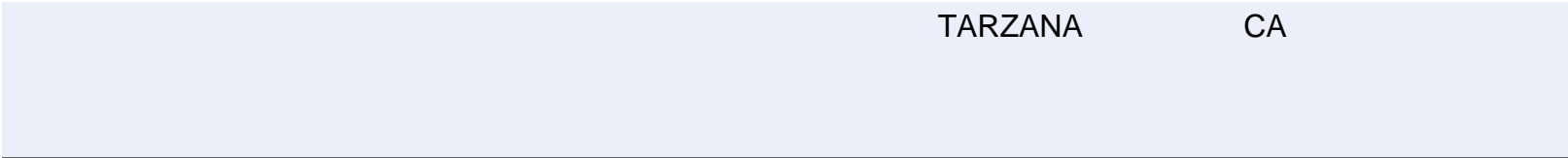
# knee

Based on Hospital Medicare Payment And Volume Measures

ANTIOCH CA



TARZANA CA



# knee

Based on Hospital Medicare Payment And Volume Measures

94531	CONTRA COSTA	9258136500
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94531	CONTRA COSTA	9258136500
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91356	LOS ANGELES	8188810800
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91356	LOS ANGELES	8188810800
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15755.00 \*

\$22755.00 \*

\$21062.00 \*

\$30528.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

050761	PROVIDENCE TARZANA MEDICAL CENTER	18321 CLARK STREET
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050764	SHASTA REGIONAL MEDICAL CENTER	1100 BUTTE ST
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050764	SHASTA REGIONAL MEDICAL CENTER	1100 BUTTE ST
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060001	NORTH COLORADO MEDICAL CENTER	1801 16TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

TARZANA CA

REDDING CA

REDDING CA

GREELEY CO



# knee

Based on Hospital Medicare Payment And Volume Measures

91356	LOS ANGELES	8188810800
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96001	SHASTA	5302445454
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96001	SHASTA	5302445454
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80631	WELD	9703524121
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16655.00 \*

\$17281.00 \*

\$25678.00 \*

\$41813.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

060001	NORTH COLORADO MEDICAL CENTER	1801 16TH STREET
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060001	NORTH COLORADO MEDICAL CENTER	1801 16TH STREET
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060003	LONGMONT UNITED HOSPITAL	1950 MOUNTAIN VIEW AVENUE
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060003	LONGMONT UNITED HOSPITAL	1950 MOUNTAIN VIEW AVENUE
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060003	LONGMONT UNITED HOSPITAL	1950 MOUNTAIN VIEW AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

GREELEY	CO
---------	----

GREELEY	CO
---------	----

LONGMONT	CO
----------	----

LONGMONT	CO
----------	----

LONGMONT	CO
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

80631	WELD	9703524121
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80631	WELD	9703524121
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80501	BOULDER	3036515111
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80501	BOULDER	3036515111
-------	---------	------------

80501	BOULDER	3036515111
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20031.00 \*

\$16014.00 \*

\$14456.00 \*

\$16337.00

11

\$29094.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

060004	PLATTE VALLEY MEDICAL CENTER	1600 PRAIRIE CENTER PARKWAY
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060004	PLATTE VALLEY MEDICAL CENTER	1600 PRAIRIE CENTER PARKWAY
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060006	MONTROSE MEMORIAL HOSPITAL	800 S 3RD ST
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060006	MONTROSE MEMORIAL HOSPITAL	800 S 3RD ST
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060008	SAN LUIS VALLEY REGIONAL	106 BLANCA AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BRIGHTON

CO

BRIGHTON

CO

MONTROSE

CO

MONTROSE

CO

ALAMOSA

CO

# knee

Based on Hospital Medicare Payment And Volume Measures

80601

ADAMS

3034981601

80601

ADAMS

3034981601

81401

MONTROSE

9702492211

81401

MONTROSE

9702492211

81101

ALAMOSA

7195892511

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$71263.00 \*

\$15689.00 \*

\$10793.00 \*

\$24229.00 \*

\$18564.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## MEDICAL CENTER

060008	SAN LUIS VALLEY REGIONAL MEDICAL CENTER	106 BLANCA AVE
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060009	EXEMPLA LUTHERAN MEDICAL CENTER	8300 W 38TH AVE
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060009	EXEMPLA LUTHERAN MEDICAL CENTER	8300 W 38TH AVE
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060009	EXEMPLA LUTHERAN MEDICAL CENTER	8300 W 38TH AVE
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060010	POUDRE VALLEY HOSPITAL	1024 S LEMAY AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ALAMOSA CO

WHEAT RIDGE CO

WHEAT RIDGE CO

WHEAT RIDGE CO

FORT COLLINS CO

# knee

Based on Hospital Medicare Payment And Volume Measures

81101	ALAMOSA	7195892511
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80033	JEFFERSON	3034254500
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80033	JEFFERSON	3034254500
-------	-----------	------------

80033	JEFFERSON	3034254500
-------	-----------	------------

80524	LARIMER	9704957000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14461.00 \*



\$18289.00 17



\$1028.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

060010	POUDRE VALLEY HOSPITAL	1024 S LEMAY AVE
060010	POUDRE VALLEY HOSPITAL	1024 S LEMAY AVE
060011	DENVER HEALTH MEDICAL CENTER	777 BANNOCK ST

060011	DENVER HEALTH MEDICAL CENTER	777 BANNOCK ST
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060011	DENVER HEALTH MEDICAL CENTER	777 BANNOCK ST
--------	------------------------------	----------------

060012	CENTURA HEALTH-ST MARY	1008 MINNEQUA AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

FORT COLLINS CO

FORT COLLINS CO

DENVER CO

DENVER CO

DENVER CO

PUEBLO CO



# knee

Based on Hospital Medicare Payment And Volume Measures

80524	LARIMER	9704957000
80524	LARIMER	9704957000
80204	DENVER	3034366000

80204	DENVER	3034366000
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80204	DENVER	3034366000
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81004	PUEBLO	7195574000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15192.00	13
	\$14582.00	32
	\$22780.00 *	
	\$4418.00 *	
	\$50119.00 *	
	\$18702.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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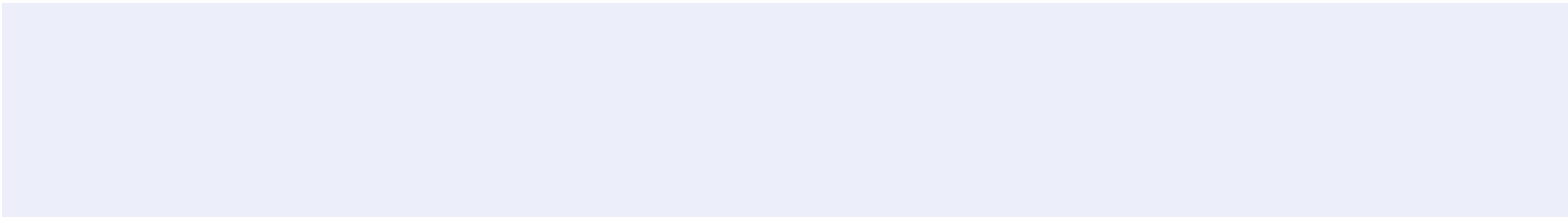
# knee

Based on Hospital Medicare Payment And Volume Measures

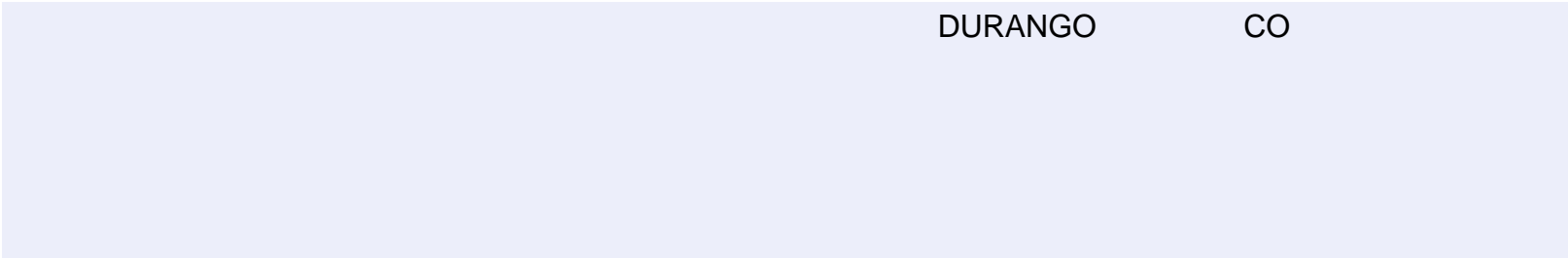
CORWIN MEDICAL CENTER		
060012	CENTURA HEALTH-ST MARY CORWIN MEDICAL CENTER	1008 MINNEQUA AVE
060013	MERCY REGIONAL MEDICAL CENTER	1010 THREE SPRINGS BLVD
060013	MERCY REGIONAL MEDICAL CENTER	1010 THREE SPRINGS BLVD
060014	PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	1719 E 19TH AVE
060014	PRESBYTERIAN/ST LUKE'S MEDICAL	1719 E 19TH AVE

# knee

Based on Hospital Medicare Payment And Volume Measures



PUEBLO CO



DURANGO CO

DURANGO CO



DENVER CO

DENVER CO

# knee

Based on Hospital Medicare Payment And Volume Measures

81004	PUEBLO	7195574000
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81301	LA PLATA	9702474311
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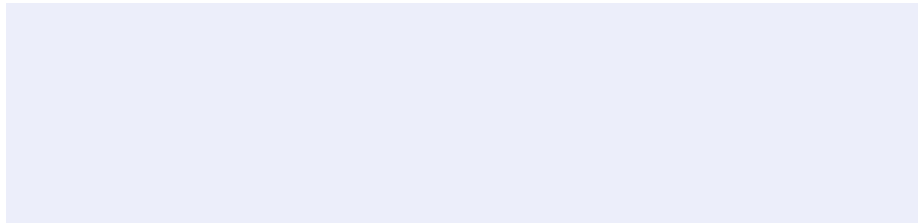
81301	LA PLATA	9702474311
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80218	DENVER	3038396100
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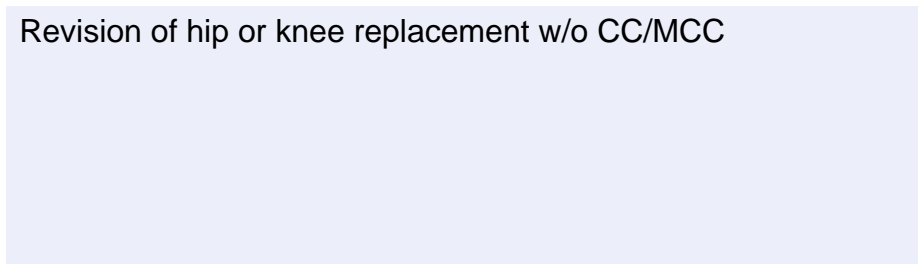
80218	DENVER	3038396100
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# knee

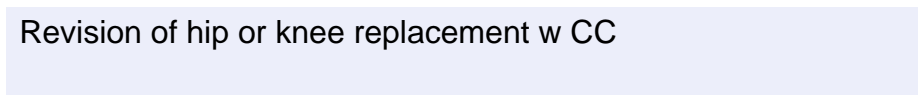
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

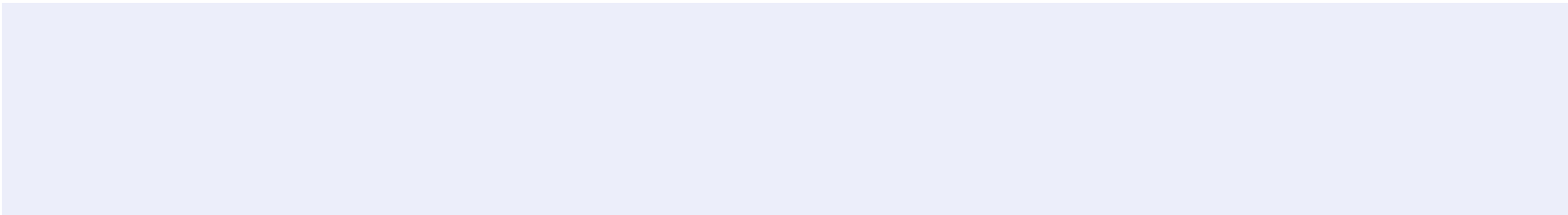


Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$14959.00 \*



\$13541.00 \*



\$16756.00 \*



\$21798.00

30

\$43352.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

060014	PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	1719 E 19TH AVE
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060015	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL	4231 W 16TH AVE
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060015	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL	4231 W 16TH AVE
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060015	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL	4231 W 16TH AVE
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060016	CENTURA HEALTH-ST THOMAS MORE HOSP & PROG CARE CTR	1338 PHAY AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

	DENVER	CO
	DENVER	CO
	DENVER	CO
	DENVER	CO
	DENVER	CO
	CANON CITY	CO

# knee

Based on Hospital Medicare Payment And Volume Measures

80218	DENVER	3038396100
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80204	DENVER	3036293511
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80204	DENVER	3036293511
-------	--------	------------

80204	DENVER	3036293511
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81212	FREMONT	7192852000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17436.00

14

\$359.00 \*

\$18191.00 \*

\$15723.00

25

\$13721.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

060020	PARKVIEW MEDICAL CENTER INC	400 W 16TH STREET
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060020	PARKVIEW MEDICAL CENTER INC	400 W 16TH STREET
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060020	PARKVIEW MEDICAL CENTER INC	400 W 16TH STREET
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060022	MEMORIAL HOSPITAL CENTRAL	1400 E BOULDER ST
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060022	MEMORIAL HOSPITAL CENTRAL	1400 E BOULDER ST
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060022	MEMORIAL HOSPITAL CENTRAL	1400 E BOULDER ST
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060023	ST MARY'S HOSPITAL AND MEDICAL CENTER	2635 N 7TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

PUEBLO CO

PUEBLO CO

PUEBLO CO

COLORADO  
SPRINGS CO

COLORADO  
SPRINGS CO

COLORADO  
SPRINGS CO

GRAND JUNCTION CO

# knee

Based on Hospital Medicare Payment And Volume Measures

81003	PUEBLO	7195844000
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81003	PUEBLO	7195844000
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81003	PUEBLO	7195844000
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80909	EL PASO	7193655000
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80909	EL PASO	7193655000
-------	---------	------------

80909	EL PASO	7193655000
-------	---------	------------

81502	MESA	9702442273
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13288.00 \*

\$18221.00	11
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\$24336.00 \*

\$22754.00 *
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\$18863.00	16
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\$15134.00	31
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\$15717.00	14
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# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

060023	CENTER ST MARY'S HOSPITAL AND MEDICAL CENTER	2635 N 7TH STREET
060024	UNIVERSITY OF COLORADO HOSPITAL ANSCHUTZ INPATIENT	12605 EAST 16TH AVENUE
060024	UNIVERSITY OF COLORADO HOSPITAL ANSCHUTZ INPATIENT	12605 EAST 16TH AVENUE
060024	UNIVERSITY OF COLORADO HOSPITAL ANSCHUTZ INPATIENT	12605 EAST 16TH AVENUE
060027	BOULDER COMMUNITY HOSPITAL	1100 BALSAM AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

GRAND JUNCTION CO

AURORA CO

AURORA CO

AURORA CO

BOULDER CO



# knee

Based on Hospital Medicare Payment And Volume Measures

81502

MESA

9702442273

80045

ADAMS

7208487800

80045

ADAMS

7208487800

80045

ADAMS

7208487800

80304

BOULDER

3034402273

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19256.00 \*

\$32966.00 \*

\$26329.00

24

\$21060.00 \*

\$13987.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

060027	BOULDER COMMUNITY HOSPITAL	1100 BALSAM AVENUE
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060028	EXEMPLA SAINT JOSEPH HOSPITAL	1835 FRANKLIN ST
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060028	EXEMPLA SAINT JOSEPH HOSPITAL	1835 FRANKLIN ST
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060028	EXEMPLA SAINT JOSEPH HOSPITAL	1835 FRANKLIN ST
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060030	MCKEE MEDICAL CENTER	2000 BOISE AVE
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060031	CENTURA HEALTH-PENROSE ST FRANCIS HEALTH SERVICES	2222 N NEVADA AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BOULDER CO

DENVER CO

DENVER CO

DENVER CO

LOVELAND CO

COLORADO  
SPRINGS CO

# knee

Based on Hospital Medicare Payment And Volume Measures

80304	BOULDER	3034402273
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80218	DENVER	3038377111
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80218	DENVER	3038377111
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80218	DENVER	3038377111
-------	--------	------------

80538	LARIMER	9706694640
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80907	EL PASO	7197765000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

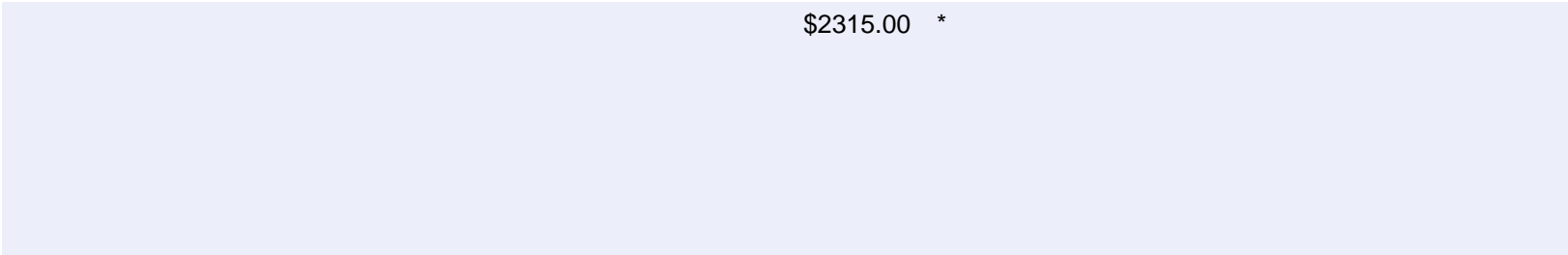
Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17487.00 \*



\$1770.00 27



\$25752.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

060031	CENTURA HEALTH-PENROSE ST FRANCIS HEALTH SERVICES	2222 N NEVADA AVE
060031	CENTURA HEALTH-PENROSE ST FRANCIS HEALTH SERVICES	2222 N NEVADA AVE
060032	ROSE MEDICAL CENTER	4567 E 9TH AVENUE
060032	ROSE MEDICAL CENTER	4567 E 9TH AVENUE
060032	ROSE MEDICAL CENTER	4567 E 9TH AVENUE
060034	SWEDISH MEDICAL CENTER	501 E HAMPDEN AVENUE
060034	SWEDISH MEDICAL CENTER	501 E HAMPDEN AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

	COLORADO SPRINGS	CO
	COLORADO SPRINGS	CO
	DENVER	CO
	DENVER	CO
	DENVER	CO
	ENGLEWOOD	CO
	ENGLEWOOD	CO

# knee

Based on Hospital Medicare Payment And Volume Measures

80907	EL PASO	7197765000
80907	EL PASO	7197765000
80220	DENVER	3033202121
80220	DENVER	3033202121
80220	DENVER	3033202121
80113	ARAPAHOE	3037885000
80113	ARAPAHOE	3037885000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17609.00	21
	\$14086.00	32
	\$16156.00	16
	\$18516.00 *	
	\$31276.00 *	
	\$27866.00 *	
	\$18787.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

060034	SWEDISH MEDICAL CENTER	501 E HAMPDEN AVENUE
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060049	YAMPA VALLEY MEDICAL CENTER	1024 CENTRAL PARK DR
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060049	YAMPA VALLEY MEDICAL CENTER	1024 CENTRAL PARK DR
--------	-----------------------------	----------------------

060054	COMMUNITY HOSPITAL	2021 N 12TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

ENGLEWOOD CO

STEAMBOAT  
SPRINGS CO

STEAMBOAT  
SPRINGS CO

GRAND JUNCTION CO

# knee

Based on Hospital Medicare Payment And Volume Measures

80113

ARAPAHOE

3037885000

80487

ROUTT

9708791322

80487

ROUTT

9708791322

81501

MESA

9702566201

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$392.00 \*

\$17349.00 \*

\$13878.00 \*

\$13303.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

060054	COMMUNITY HOSPITAL	2021 N 12TH ST
060064	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	2525 S DOWNING ST
060064	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	2525 S DOWNING ST
060064	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	2525 S DOWNING ST
060065	NORTH SUBURBAN MEDICAL CENTER	9191 GRANT ST

# knee

Based on Hospital Medicare Payment And Volume Measures

GRAND JUNCTION CO

DENVER CO

DENVER CO

DENVER CO

THORNTON CO



# knee

Based on Hospital Medicare Payment And Volume Measures

81501	MESA	9702566201
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80210	DENVER	3037781955
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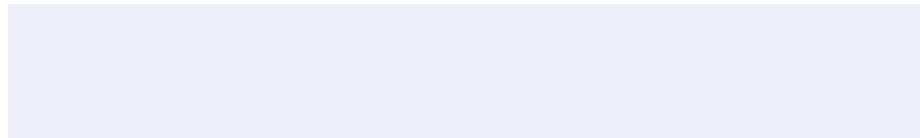
80210	DENVER	3037781955
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80210	DENVER	3037781955
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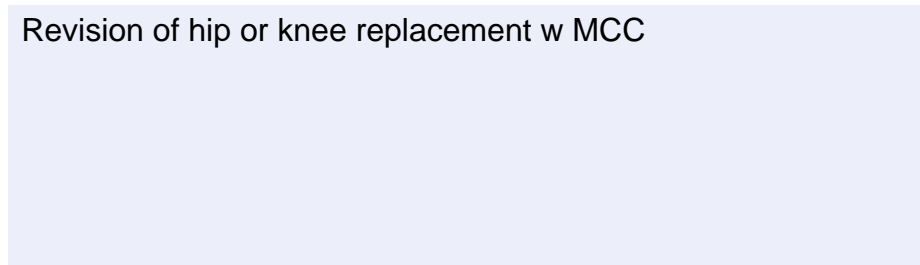
80229	ADAMS	3034517800
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# knee

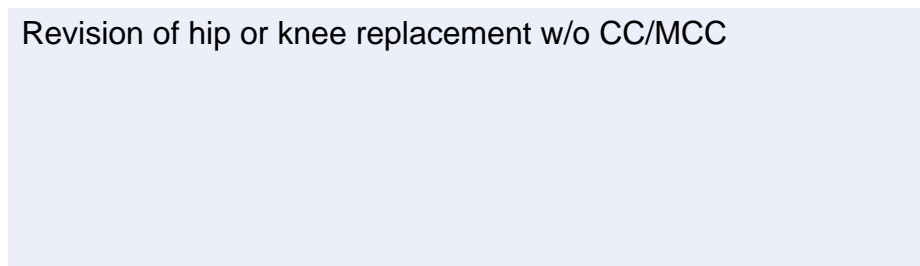
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



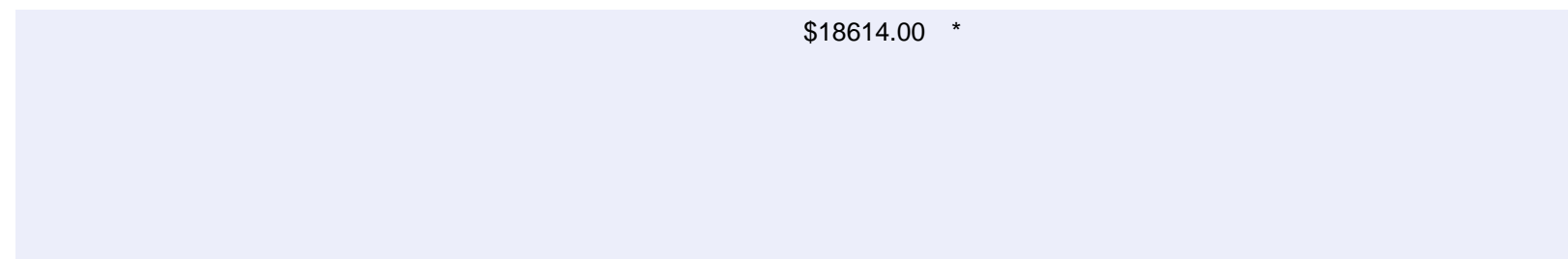
\$16675.00 \*



\$25131.00 \*

\$17684.00

81



\$18614.00 \*

\$16032.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

060065

NORTH SUBURBAN MEDICAL  
CENTER

9191 GRANT ST

060071

DELTA COUNTY MEMORIAL  
HOSPITAL

1501 E 3RD STREET

060071

DELTA COUNTY MEMORIAL  
HOSPITAL

1501 E 3RD STREET

060075

VALLEY VIEW HOSPITAL  
ASSOCIATION

1906 BLAKE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

THORNTON

CO

DELTA

CO

DELTA

CO

GLENWOOD  
SPRINGS

CO

# knee

Based on Hospital Medicare Payment And Volume Measures

80229

ADAMS

3034517800

81416

DELTA

9708747681

81416

DELTA

9708747681

81601

GARFIELD

9709456535

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20238.00 \*

\$16831.00 \*

\$13768.00 \*

\$39011.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

060076	STERLING REGIONAL MEDCENTER	615 FAIRHURST ST
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060076	STERLING REGIONAL MEDCENTER	615 FAIRHURST ST
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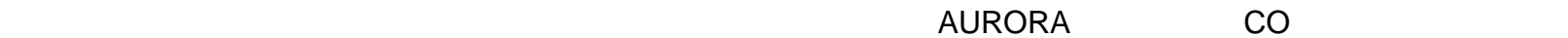
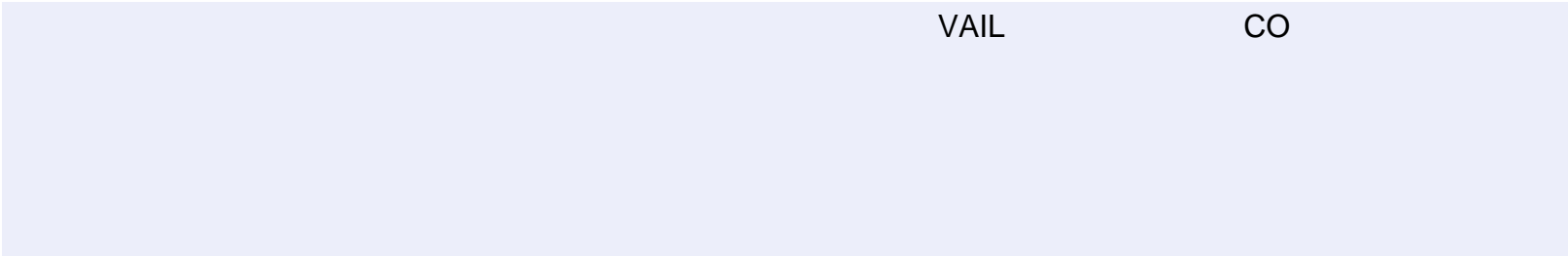
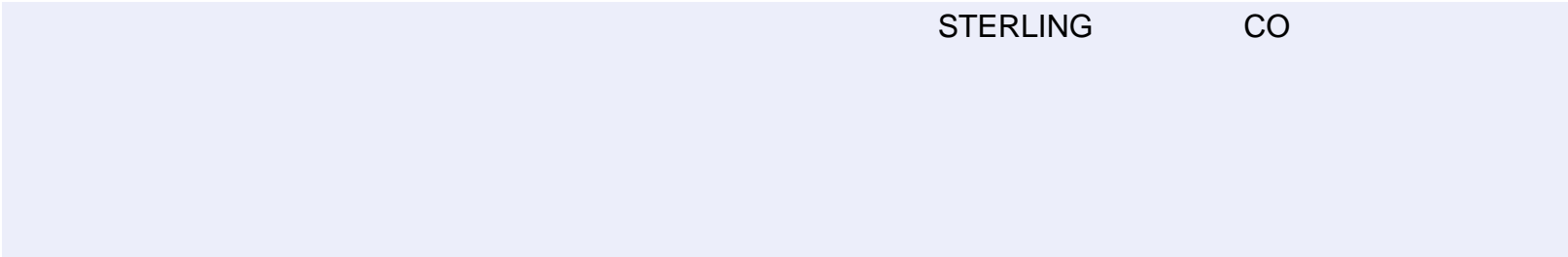
060096	VAIL VALLEY MEDICAL CENTER	181 W MEADOW DRIVE
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060096	VAIL VALLEY MEDICAL CENTER	181 W MEADOW DRIVE
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060100	MEDICAL CENTER OF AURORA, THE	1501 S POTOMAC ST
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# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

80751	LOGAN	9705220122
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80751	LOGAN	9705220122
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81657	EAGLE	9704762451
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81657	EAGLE	9704762451
-------	-------	------------

80012	ARAPAHOE	3036952600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$30184.00 \*

\$22553.00 \*

\$17268.00 \*

\$40348.00 \*

\$25880.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

060100	MEDICAL CENTER OF AURORA, THE	1501 S POTOMAC ST
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060100	MEDICAL CENTER OF AURORA, THE	1501 S POTOMAC ST
060103	CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	100 HEALTH PARK DRIVE

060103	CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	100 HEALTH PARK DRIVE
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060104	CENTURA HEALTH-ST ANTHONY NORTH HOSPITAL	2551 W 84TH AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

AURORA CO

AURORA CO

LOUISVILLE CO

LOUISVILLE CO

WESTMINSTER CO

# knee

Based on Hospital Medicare Payment And Volume Measures

80012	ARAPAHOE	3036952600
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80012	ARAPAHOE	3036952600
80027	BOULDER	3036731000

80027	BOULDER	3036731000
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80031	JEFFERSON	3034262151
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16059.00 \*

\$12845.00

23

\$15838.00 \*

\$22658.00 \*

\$545.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

060112	SKY RIDGE MEDICAL CENTER	10101 RIDGE GATE PARKWAY
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060112	SKY RIDGE MEDICAL CENTER	10101 RIDGE GATE PARKWAY
--------	--------------------------	-----------------------------

060112	SKY RIDGE MEDICAL CENTER	10101 RIDGE GATE PARKWAY
--------	--------------------------	-----------------------------

060113	CENTURA HEALTH-LITTLETON ADVENTIST HOSPITAL	7700 S BROADWAY
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060113	CENTURA HEALTH-LITTLETON ADVENTIST HOSPITAL	7700 S BROADWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

LONE TREE CO

LONE TREE CO

LONE TREE CO

LITTLETON CO

LITTLETON CO



# knee

Based on Hospital Medicare Payment And Volume Measures

80124

ARAPAHOE

7202251000

80124

ARAPAHOE

7202251000

80124

ARAPAHOE

7202251000

80122

ARAPAHOE

3037308900

80122

ARAPAHOE

3037308900

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14142.00 \*

\$28250.00 \*

\$17669.00

11

\$22782.00 \*

\$6425.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

060114	PARKER ADVENTIST HOSPITAL	9395 CROWN CREST BLVD
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060114	PARKER ADVENTIST HOSPITAL	9395 CROWN CREST BLVD
--------	---------------------------	-----------------------

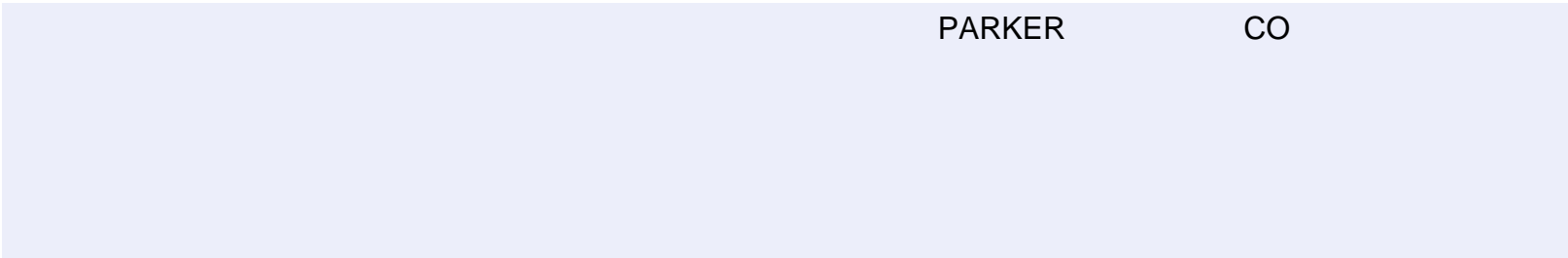
060119	MEDICAL CENTER OF THE ROCKIES	2500 ROCKY MOUNTAIN AVENUE
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060119	MEDICAL CENTER OF THE ROCKIES	2500 ROCKY MOUNTAIN AVENUE
--------	-------------------------------	-------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

PARKER CO



LOVELAND CO



# knee

Based on Hospital Medicare Payment And Volume Measures

80138

DOUGLAS

3032694000

80138

DOUGLAS

3032694000

80538

LARIMER

9706242500

80538

LARIMER

9706242500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14123.00 \*

\$1024.00 \*

\$27029.00 \*

\$20113.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

060119	MEDICAL CENTER OF THE ROCKIES	2500 ROCKY MOUNTAIN AVENUE
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070001	HOSPITAL OF ST RAPHAEL	1450 CHAPEL ST
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	114 WOODLAND STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

LOVELAND	CO
----------	----

NEW HAVEN	CT
NEW HAVEN	CT

NEW HAVEN	CT
HARTFORD	CT

HARTFORD	CT
HARTFORD	CT

# knee

Based on Hospital Medicare Payment And Volume Measures

80538	LARIMER	9706242500
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06511	NEW HAVEN	2037893000
06511	NEW HAVEN	2037893000

06511	NEW HAVEN	2037893000
06105	HARTFORD	8607144000

06105	HARTFORD	8607144000
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06105	HARTFORD	8607144000
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

knee

Based on Hospital Medicare Payment And Volume Measures

	\$31757.00	*
	\$23798.00	20
	\$23852.00	*
	\$19033.00	34
	\$18961.00	28
	\$35159.00	*
	\$19831.00	22

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

070003	CENTER DAY KIMBALL HOSPITAL	320 POMFRET STREET
070003	DAY KIMBALL HOSPITAL	320 POMFRET STREET
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070004	SHARON HOSPITAL	50 HOSPITAL HILL ROAD, PO BOX 789
070005	WATERBURY HOSPITAL	64 ROBBINS ST

# knee

Based on Hospital Medicare Payment And Volume Measures

PUTNAM

CT

PUTNAM

CT

SHARON

CT

SHARON

CT

WATERBURY

CT

# knee

Based on Hospital Medicare Payment And Volume Measures

06260

WINDHAM

8609286541

06260

WINDHAM

8609286541

06069

LITCHFIELD

8603644228

06069

LITCHFIELD

8603644228

06721

NEW HAVEN

2035736000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19622.00 \*

\$15695.00 \*

\$19794.00 \*

\$24746.00 \*

\$19337.00

46

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

070005	WATERBURY HOSPITAL	64 ROBBINS ST
070005	WATERBURY HOSPITAL	64 ROBBINS ST
070006	STAMFORD HOSPITAL	SHELBURNE RD & WEST BROAD ST
070006	STAMFORD HOSPITAL	SHELBURNE RD & WEST BROAD ST
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070007	LAWRENCE & MEMORIAL HOSPITAL	365 MONTAUK AVE
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
070010	BRIDGEPORT HOSPITAL	267 GRANT STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

WATERBURY	CT
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WATERBURY	CT
-----------	----

STAMFORD	CT
----------	----

STAMFORD	CT
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NEW LONDON	CT
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NEW LONDON	CT
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BRIDGEPORT	CT
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BRIDGEPORT	CT
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# knee

Based on Hospital Medicare Payment And Volume Measures

06721	NEW HAVEN	2035736000
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06721	NEW HAVEN	2035736000
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06904	FAIRFIELD	2032761000
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06904	FAIRFIELD	2032761000
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06320	NEW LONDON	8604420711
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06320	NEW LONDON	8604420711
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06610	FAIRFIELD	2033843000
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06610	FAIRFIELD	2033843000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

knee

Based on Hospital Medicare Payment And Volume Measures

	\$34068.00	*
	\$18372.00	26
	\$18508.00	*
	\$23139.00	*
	\$20505.00	11
	\$16485.00	11
	\$12688.00	12
	\$4450.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

070010	BRIDGEPORT HOSPITAL	267 GRANT STREET
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070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
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070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
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070011	CHARLOTTE HUNGERFORD HOSPITAL	540 LITCHFIELD ST
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070012	ROCKVILLE GENERAL HOSPITAL	31 UNION ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

BRIDGEPORT CT

TORRINGTON CT

TORRINGTON CT

TORRINGTON CT

ROCKVILLE CT

# knee

Based on Hospital Medicare Payment And Volume Measures

06610	FAIRFIELD	2033843000
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06790	LITCHFIELD	8604966666
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06790	LITCHFIELD	8604966666
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06790	LITCHFIELD	8604966666
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06066	TOLLAND	8608725160
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21477.00

12

\$15593.00 \*

\$29968.00 \*

\$16983.00 \*

\$15970.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

070012

ROCKVILLE GENERAL HOSPITAL

31 UNION ST

070012

ROCKVILLE GENERAL HOSPITAL

31 UNION ST

070015

NEW MILFORD HOSPITAL

21 ELM ST

070016

SAINT MARYS HOSPITAL

56 FRANKLIN ST

# knee

Based on Hospital Medicare Payment And Volume Measures

ROCKVILLE CT

ROCKVILLE CT

NEW MILFORD CT

WATERBURY CT

# knee

Based on Hospital Medicare Payment And Volume Measures

06066

TOLLAND

8608725160

06066

TOLLAND

8608725160

06776

LITCHFIELD

8603552611

06706

NEW HAVEN

2035746000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$29152.00 \*

\$15725.00 \*

\$18516.00 \*

\$2350.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

070016

SAINT MARYS HOSPITAL

56 FRANKLIN ST

070016

SAINT MARYS HOSPITAL

56 FRANKLIN ST

070017

MIDSTATE MEDICAL CENTER

435 LEWIS AVE

070017

MIDSTATE MEDICAL CENTER

435 LEWIS AVE

070018

GREENWICH HOSPITAL  
ASSOCIATION

5 PERRYRIDGE RD

# knee

Based on Hospital Medicare Payment And Volume Measures

WATERBURY CT

WATERBURY CT

MERIDEN CT

MERIDEN CT

GREENWICH CT

# knee

Based on Hospital Medicare Payment And Volume Measures

06706	NEW HAVEN	2035746000
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06706	NEW HAVEN	2035746000
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06450	NEW HAVEN	2036948200
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06450	NEW HAVEN	2036948200
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06830	FAIRFIELD	2038633000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$36665.00 \*

\$19501.00 \*

\$16092.00 \*

\$20375.00 \*

\$21779.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

070018

GREENWICH HOSPITAL  
ASSOCIATION

5 PERRYRIDGE RD

070018

GREENWICH HOSPITAL  
ASSOCIATION

5 PERRYRIDGE RD

070019

MILFORD HOSPITAL, INC

300 SEASIDE AVENUE

070019

MILFORD HOSPITAL, INC

300 SEASIDE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

GREENWICH

CT

GREENWICH

CT

MILFORD

CT

MILFORD

CT



# knee

Based on Hospital Medicare Payment And Volume Measures

06830

FAIRFIELD

2038633000

06830

FAIRFIELD

2038633000

06460

NEW HAVEN

2038764000

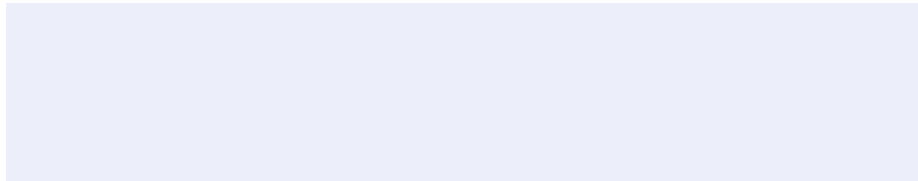
06460

NEW HAVEN

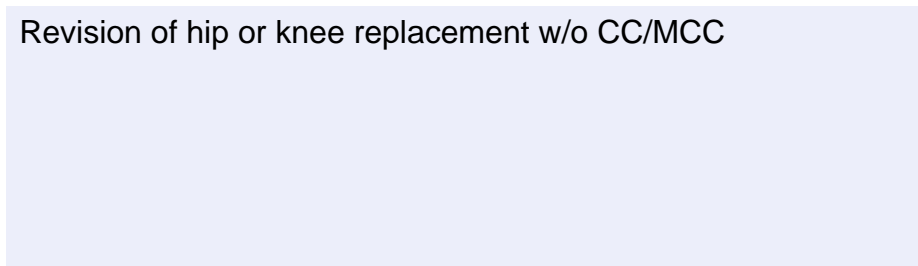
2038764000

# knee

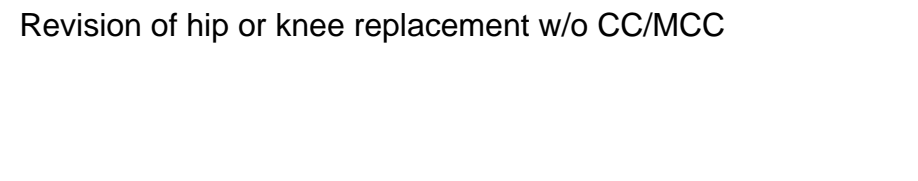
Based on Hospital Medicare Payment And Volume Measures



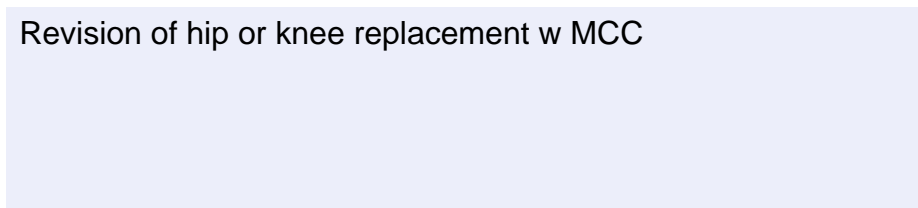
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$31191.00 \*

\$17420.00 \*

\$16758.00 \*

\$24762.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

070019	MILFORD HOSPITAL, INC	300 SEASIDE AVENUE
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070020	MIDDLESEX HOSPITAL	28 CRESCENT ST
070020	MIDDLESEX HOSPITAL	28 CRESCENT ST

070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
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070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST
070022	YALE-NEW HAVEN HOSPITAL	20 YORK ST

# knee

Based on Hospital Medicare Payment And Volume Measures

MILFORD	CT
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MIDDLETOWN	CT
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MIDDLETOWN	CT
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NEW HAVEN	CT
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NEW HAVEN	CT
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NEW HAVEN	CT
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

06460	NEW HAVEN	2038764000
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06457	MIDDLESEX	8603446000
06457	MIDDLESEX	8603446000

06504	NEW HAVEN	2036884242
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06504	NEW HAVEN	2036884242
06504	NEW HAVEN	2036884242

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



knee

Based on Hospital Medicare Payment And Volume Measures

\$20104.00 \*

\$17247.00

18

\$16554.00 \*

\$42579.00 \*

\$24217.00

13

\$23104.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
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070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
--------	---------------------------	-------------------

070024	WILLIAM W BACKUS HOSPITAL	326 WASHINGTON ST
--------	---------------------------	-------------------

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

NORWICH

CT

NORWICH

CT

NORWICH

CT

HARTFORD

CT

# knee

Based on Hospital Medicare Payment And Volume Measures

06360

NEW LONDON

8608898331

06360

NEW LONDON

8608898331

06360

NEW LONDON

8608898331

06102

HARTFORD

8605455000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16158.00 \*

\$20196.00 \*

\$24288.00 \*

\$17483.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
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070025	HARTFORD HOSPITAL	80 SEYMOUR STREET
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070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
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070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
--------	------------------------------	--------------

070027	MANCHESTER MEMORIAL HOSPITAL	71 HAYNES ST
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070028	ST VINCENT'S MEDICAL CENTER	2800 MAIN ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

HARTFORD CT

HARTFORD CT  
MANCHESTER CT

MANCHESTER CT

MANCHESTER CT

BRIDGEPORT CT

# knee

Based on Hospital Medicare Payment And Volume Measures

06102	HARTFORD	8605455000
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06102	HARTFORD	8605455000
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06040	HARTFORD	8606474780
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06040	HARTFORD	8606474780
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06040	HARTFORD	8606474780
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06606	FAIRFIELD	2035765551
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22499.00 \*

\$19624.00

25

\$15723.00 \*

\$18015.00 \*

\$26375.00 \*

\$17911.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

070028

ST VINCENT'S MEDICAL CENTER

2800 MAIN ST

070028

ST VINCENT'S MEDICAL CENTER

2800 MAIN ST

070029

BRISTOL HOSPITAL

BREWSTER RD

070029

BRISTOL HOSPITAL

BREWSTER RD

070029

BRISTOL HOSPITAL

BREWSTER RD

# knee

Based on Hospital Medicare Payment And Volume Measures

BRIDGEPORT CT

BRIDGEPORT CT

BRISTOL CT

BRISTOL CT

BRISTOL CT



# knee

Based on Hospital Medicare Payment And Volume Measures

06606	FAIRFIELD	2035765551
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06606	FAIRFIELD	2035765551
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06010	HARTFORD	8605853000
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06010	HARTFORD	8605853000
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06010	HARTFORD	8605853000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

070031	GRIFFIN HOSPITAL	130 DIVISION ST
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070033	DANBURY HOSPITAL	24 HOSPITAL AVE
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

DERBY

CT

DANBURY

CT

DANBURY

CT

DANBURY

CT

NORWALK

CT

NORWALK

CT

# knee

Based on Hospital Medicare Payment And Volume Measures

06418	NEW HAVEN	2037327500
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06810	FAIRFIELD	2037977000
06810	FAIRFIELD	2037977000

06810	FAIRFIELD	2037977000
06856	FAIRFIELD	2038522000

06856	FAIRFIELD	2038522000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$2053.00 \*

\$18312.00

15

\$28430.00 \*

\$22893.00

18

\$22759.00 \*

\$33756.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

070034	NORWALK HOSPITAL ASSOCIATION	24 STEVENS STREET
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070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
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070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
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070035	HOSPITAL OF CENTRAL CONNECTICUT, THE	100 GRAND STREET
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070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
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070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

NORWALK	CT
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NEW BRITAIN	CT
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NEW BRITAIN	CT
-------------	----

NEW BRITAIN	CT
-------------	----

FARMINGTON	CT
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FARMINGTON	CT
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# knee

Based on Hospital Medicare Payment And Volume Measures

06856	FAIRFIELD	2038522000
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06050	HARTFORD	8602245011
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06050	HARTFORD	8602245011
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06050	HARTFORD	8602245011
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06032	HARTFORD	8606791145
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06032	HARTFORD	8606791145
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$18208.00 \*

\$17689.00

15

\$31027.00 \*

\$21892.00

21

\$25881.00

21

\$24374.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

070036	JOHN DEMPSEY HOSPITAL	263 FARMINGTON AVE
080001	CHRISTIANA CARE HEALTH SERVICES, INC.	4755 OGLETOWN-STANTON ROAD
080001	CHRISTIANA CARE HEALTH SERVICES, INC.	4755 OGLETOWN-STANTON ROAD
080001	CHRISTIANA CARE HEALTH SERVICES, INC.	4755 OGLETOWN-STANTON ROAD
080003	ST FRANCIS HOSPITAL	7TH AND CLAYTON STS
080003	ST FRANCIS HOSPITAL	7TH AND CLAYTON STS

# knee

Based on Hospital Medicare Payment And Volume Measures

FARMINGTON	CT
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NEWARK	DE
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NEWARK	DE
--------	----

NEWARK	DE
--------	----

WILMINGTON	DE
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WILMINGTON	DE
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

06032	HARTFORD	8606791145
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19718	NEW CASTLE	3027331000
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19718	NEW CASTLE	3027331000
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19718	NEW CASTLE	3027331000
-------	------------	------------

19805	NEW CASTLE	3024214100
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19805	NEW CASTLE	3024214100
-------	------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21075.00 *	
	\$17152.00	25
	\$21498.00 *	
	\$17876.00	55
	\$16937.00 *	
	\$20369.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

080003	ST FRANCIS HOSPITAL	7TH AND CLAYTON STS
080004	BAYHEALTH - KENT GENERAL HOSPITAL	640 S STATE STREET
080004	BAYHEALTH - KENT GENERAL HOSPITAL	640 S STATE STREET
080004	BAYHEALTH - KENT GENERAL HOSPITAL	640 S STATE STREET
080007	BEEBE MEDICAL CENTER	424 SAVANNAH RD
080007	BEEBE MEDICAL CENTER	424 SAVANNAH RD
080007	BEEBE MEDICAL CENTER	424 SAVANNAH RD

# knee

Based on Hospital Medicare Payment And Volume Measures

	WILMINGTON	DE
	DOVER	DE
	DOVER	DE
	DOVER	DE
	LEWES	DE
	LEWES	DE
	LEWES	DE



# knee

Based on Hospital Medicare Payment And Volume Measures

19805	NEW CASTLE	3024214100
19901	KENT	3027447001
19901	KENT	3027447001
19901	KENT	3027447001
19958	SUSSEX	3026453300
19958	SUSSEX	3026453300
19958	SUSSEX	3026453300

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16257.00	12
	\$15681.00 *	
	\$29078.00 *	
	\$15994.00 *	
	\$14831.00	36
	\$18288.00	14
	\$27515.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

090001

GEORGE WASHINGTON UNIV  
HOSPITAL

900 23RD ST NW

090001

GEORGE WASHINGTON UNIV  
HOSPITAL

900 23RD ST NW

090001

GEORGE WASHINGTON UNIV  
HOSPITAL

900 23RD ST NW

090003

HOWARD UNIVERSITY HOSPITAL

2041 GEORGIA AVE NW

# knee

Based on Hospital Medicare Payment And Volume Measures

WASHINGTON DC

WASHINGTON DC

WASHINGTON DC

WASHINGTON DC

# knee

Based on Hospital Medicare Payment And Volume Measures

20037	DISTRICT OF COLUMBIA	2027164605
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20037	DISTRICT OF COLUMBIA	2027164605
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20037	DISTRICT OF COLUMBIA	2027164605
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20060	DISTRICT OF COLUMBIA	2027456100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$40464.00 \*

\$86445.00 \*

\$21753.00 \*

\$33372.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

090003	HOWARD UNIVERSITY HOSPITAL	2041 GEORGIA AVE NW
090004	GEORGETOWN UNIVERSITY HOSPITAL	3800 RESERVOIR RD
090004	GEORGETOWN UNIVERSITY HOSPITAL	3800 RESERVOIR RD
090004	GEORGETOWN UNIVERSITY HOSPITAL	3800 RESERVOIR RD
090005	SIBLEY MEMORIAL HOSPITAL	5255 LOUGHBORO RD NW
090005	SIBLEY MEMORIAL HOSPITAL	5255 LOUGHBORO RD NW
090006	PROVIDENCE HOSPITAL	1150 VARNUM ST NE

# knee

Based on Hospital Medicare Payment And Volume Measures

WASHINGTON	DC
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WASHINGTON	DC
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WASHINGTON	DC
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WASHINGTON	DC
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WASHINGTON	DC
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WASHINGTON	DC
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WASHINGTON	DC
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# knee

Based on Hospital Medicare Payment And Volume Measures

20060	DISTRICT OF COLUMBIA	2027456100
20007	DISTRICT OF COLUMBIA	2027843000
20007	DISTRICT OF COLUMBIA	2027843000
20007	DISTRICT OF COLUMBIA	2027843000
20016	DISTRICT OF COLUMBIA	2025374680
20016	DISTRICT OF COLUMBIA	2025374680
20017	DISTRICT OF COLUMBIA	2022697000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$49498.00 *	
	\$67982.00 *	
	\$24662.00	11
	\$19888.00	26
	\$14370.00	27
	\$17966.00	11
	\$23925.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

090006	PROVIDENCE HOSPITAL	1150 VARNUM ST NE
090008	UNITED MEDICAL CENTER	1310 SOUTHERN AVENUE SE
090011	WASHINGTON HOSPITAL CENTER	110 IRVING ST NW
090011	WASHINGTON HOSPITAL CENTER	110 IRVING ST NW
090011	WASHINGTON HOSPITAL CENTER	110 IRVING ST NW

knee

Based on Hospital Medicare Payment And Volume Measures

WASHINGTON DC

WASHINGTON DC

WASHINGTON DC

WASHINGTON DC

WASHINGTON DC

# knee

Based on Hospital Medicare Payment And Volume Measures

20017	DISTRICT OF COLUMBIA	2022697000
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20032	DISTRICT OF COLUMBIA	2025746611
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20010	DISTRICT OF COLUMBIA	2028777000
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20010	DISTRICT OF COLUMBIA	2028777000
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20010	DISTRICT OF COLUMBIA	2028777000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19137.00

16

\$27887.00 \*

\$19399.00 \*

\$24391.00 \*

\$35825.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
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disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

100001	SHANDS JACKSONVILLE MEDICAL CENTER	655 W 8TH ST
100001	SHANDS JACKSONVILLE MEDICAL CENTER	655 W 8TH ST
100001	SHANDS JACKSONVILLE MEDICAL CENTER	655 W 8TH ST
100002	BETHESDA MEMORIAL HOSPITAL	2815 SOUTH SEACREST BLVD
100002	BETHESDA MEMORIAL HOSPITAL	2815 SOUTH SEACREST BLVD
100002	BETHESDA MEMORIAL HOSPITAL	2815 SOUTH SEACREST BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSONVILLE FL

JACKSONVILLE FL

JACKSONVILLE FL

BOYNTON BEACH FL

BOYNTON BEACH FL

BOYNTON BEACH FL



# knee

Based on Hospital Medicare Payment And Volume Measures

32209	DUVAL	9042440411
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32209	DUVAL	9042440411
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32209	DUVAL	9042440411
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33435	PALM BEACH	5617377733
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33435	PALM BEACH	5617377733
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33435	PALM BEACH	5617377733
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$29384.00 14

\$3243.00 17

\$11186.00 \*

\$15376.00 \*

\$19344.00 \*

\$28513.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100006	ORLANDO REGIONAL HEALTHCARE	1414 S KUHL AVE
100006	ORLANDO REGIONAL HEALTHCARE	1414 S KUHL AVE
100006	ORLANDO REGIONAL HEALTHCARE	1414 S KUHL AVE
100007	FLORIDA HOSPITAL	601 E ROLLINS ST
100007	FLORIDA HOSPITAL	601 E ROLLINS ST
100007	FLORIDA HOSPITAL	601 E ROLLINS ST
100008	BAPTIST HOSPITAL OF MIAMI INC	8900 N KENDALL DR

# knee

Based on Hospital Medicare Payment And Volume Measures

ORLANDO	FL
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ORLANDO	FL
ORLANDO	FL

ORLANDO	FL
ORLANDO	FL
ORLANDO	FL
MIAMI	FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32806	ORANGE	3218415111
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32806	ORANGE	3218415111
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32806	ORANGE	3218415111
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32803	ORANGE	4073031976
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32803	ORANGE	4073031976
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32803	ORANGE	4073031976
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33176	MIAMI-DADE	7865961960
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

			\$19820.00	*
			\$19777.00	41
			\$5309.00	*
			\$14376.00	36
			\$17972.00	97
			\$25216.00	26
			\$40288.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100008	BAPTIST HOSPITAL OF MIAMI INC	8900 N KENDALL DR
100008	BAPTIST HOSPITAL OF MIAMI INC	8900 N KENDALL DR
100009	UNIVERSITY OF MIAMI HOSPITAL	1400 NW 12TH AVE
100009	UNIVERSITY OF MIAMI HOSPITAL	1400 NW 12TH AVE
100009	UNIVERSITY OF MIAMI HOSPITAL	1400 NW 12TH AVE
100012	LEE MEMORIAL HOSPITAL	2776 CLEVELAND AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MIAMI	FL
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MIAMI	FL
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MIAMI	FL
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MIAMI	FL
-------	----

MIAMI	FL
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FORT MYERS	FL
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# knee

Based on Hospital Medicare Payment And Volume Measures

33176	MIAMI-DADE	7865961960
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33176	MIAMI-DADE	7865961960
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33136	MIAMI-DADE	3053255511
-------	------------	------------

33136	MIAMI-DADE	3053255511
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33136	MIAMI-DADE	3053255511
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33901	LEE	2393321111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19715.00 \*

\$17203.00 \*

\$18773.00

25

\$23471.00

14

\$33715.00 \*

\$21518.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100012	LEE MEMORIAL HOSPITAL	2776 CLEVELAND AVE
100012	LEE MEMORIAL HOSPITAL	2776 CLEVELAND AVE
100014	BERT FISH MEDICAL CENTER	401 PALMETTO ST
100014	BERT FISH MEDICAL CENTER	401 PALMETTO ST
100014	BERT FISH MEDICAL CENTER	401 PALMETTO ST
100017	HALIFAX HEALTH MEDICAL CENTER	303 N CLYDE MORRIS BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

	FORT MYERS	FL
	FORT MYERS	FL
	NEW SMYRNA BEACH	FL
	NEW SMYRNA BEACH	FL
	NEW SMYRNA BEACH	FL
	DAYTONA BEACH	FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33901	LEE	2393321111
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33901	LEE	2393321111
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32170	VOLUSIA	3864245000
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32170	VOLUSIA	3864245000
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32170	VOLUSIA	3864245000
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32114	VOLUSIA	3862544000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16647.00	14
	\$14312.00	69
	\$15738.00 *	
	\$16015.00 *	
	\$34785.00 *	
	\$17692.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

100017	HALIFAX HEALTH MEDICAL CENTER	303 N CLYDE MORRIS BLVD
100017	HALIFAX HEALTH MEDICAL CENTER	303 N CLYDE MORRIS BLVD
100018	NAPLES COMMUNITY HOSPITAL	350 7TH ST N
100018	NAPLES COMMUNITY HOSPITAL	350 7TH ST N
100018	NAPLES COMMUNITY HOSPITAL	350 7TH ST N
100019	HOLMES REGIONAL MEDICAL CENTER	1350 S HICKORY ST
100019	HOLMES REGIONAL MEDICAL CENTER	1350 S HICKORY ST
100019	HOLMES REGIONAL MEDICAL CENTER	1350 S HICKORY ST
100022	JACKSON HEALTH SYSTEM	1611 NW 12 AVE
100022	JACKSON HEALTH SYSTEM	1611 NW 12 AVE
100022	JACKSON HEALTH SYSTEM	1611 NW 12 AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	DAYTONA BEACH	FL
	DAYTONA BEACH	FL
	NAPLES	FL
	NAPLES	FL
	NAPLES	FL
	MELBOURNE	FL

	MELBOURNE	FL
	MELBOURNE	FL
	MIAMI	FL
	MIAMI	FL



# knee

Based on Hospital Medicare Payment And Volume Measures

32114	VOLUSIA	3862544000
32114	VOLUSIA	3862544000
34102	COLLIER	2394365000
34102	COLLIER	2394365000
34102	COLLIER	2394365000
32901	BREVARD	3214347000
32901	BREVARD	3214347000
32901	BREVARD	3214347000
33136	MIAMI-DADE	3055851111
33136	MIAMI-DADE	3055851111

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17653.00	18
	\$12844.00	20
	\$13923.00	27
	\$14505.00	57
	\$20974.00	20
	\$19876.00 *	
	\$16385.00	30
	\$13106.00	44
	\$12692.00 *	
	\$28553.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

100023	CITRUS MEMORIAL HOSPITAL	502 HIGHLAND BLVD
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100023	CITRUS MEMORIAL HOSPITAL	502 HIGHLAND BLVD
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100023	CITRUS MEMORIAL HOSPITAL	502 HIGHLAND BLVD
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100024	FISHERMEN'S HOSPITAL	3301 OVERSEAS HWY
--------	----------------------	-------------------

100024	FISHERMEN'S HOSPITAL	3301 OVERSEAS HWY
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# knee

Based on Hospital Medicare Payment And Volume Measures

INVERNESS FL

INVERNESS FL

INVERNESS FL

MARATHON FL

MARATHON FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34452	CITRUS	3527261551
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34452	CITRUS	3527261551
34452	CITRUS	3527261551

33050	MONROE	3052896414
33050	MONROE	3052896414

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23730.00 \*

\$15999.00	12
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\$12797.00 \*

\$20582.00 *
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\$25732.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100025

SACRED HEART HOSPITAL

5151 N 9TH AVE

100025

SACRED HEART HOSPITAL

5151 N 9TH AVE

100025

SACRED HEART HOSPITAL

5151 N 9TH AVE

100026

BAY MEDICAL CENTER

615 N BONITA AVE

100028

PARRISH MEDICAL CENTER

951 N WASHINGTON AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	PENSACOLA	FL
	PENSACOLA	FL
	PENSACOLA	FL
	PANAMA CITY	FL
	TITUSVILLE	FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32504	ESCAMBIA	8504167000
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32504	ESCAMBIA	8504167000
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32504	ESCAMBIA	8504167000
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32401	BAY	8507691511
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32796	BREVARD	3212686111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19330.00

37

\$19978.00 \*

\$15488.00 \*

\$17731.00 \*

\$21880.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100028	PARRISH MEDICAL CENTER	951 N WASHINGTON AVE
100029	NORTH SHORE MEDICAL CENTER	1100 NW 95TH ST
100029	NORTH SHORE MEDICAL CENTER	1100 NW 95TH ST
100030	HEALTH CENTRAL	10000 W COLONIAL DR
100030	HEALTH CENTRAL	10000 W COLONIAL DR

# knee

Based on Hospital Medicare Payment And Volume Measures

TITUSVILLE FL

MIAMI FL

MIAMI FL

OCOEE FL

OCOEE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32796	BREVARD	3212686111
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33150	MIAMI-DADE	3058356000
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33150	MIAMI-DADE	3058356000
-------	------------	------------

34761	ORANGE	4072961820
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34761	ORANGE	4072961820
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13516.00 \*

\$23774.00 \*

\$35981.00 \*

\$15199.00 \*

\$14477.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100032	BAYFRONT MEDICAL CENTER INC	701 6TH ST S
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100032	BAYFRONT MEDICAL CENTER INC	701 6TH ST S
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100032	BAYFRONT MEDICAL CENTER INC	701 6TH ST S
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100034	MOUNT SINAI MEDICAL CENTER	4300 ALTON RD
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100034	MOUNT SINAI MEDICAL CENTER	4300 ALTON RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

MIAMI BEACH FL

MIAMI BEACH FL



# knee

Based on Hospital Medicare Payment And Volume Measures

33701	PINELLAS	7278231234
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33701	PINELLAS	7278231234
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33701	PINELLAS	7278231234
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33140	MIAMI-DADE	3056742121
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33140	MIAMI-DADE	3056742121
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

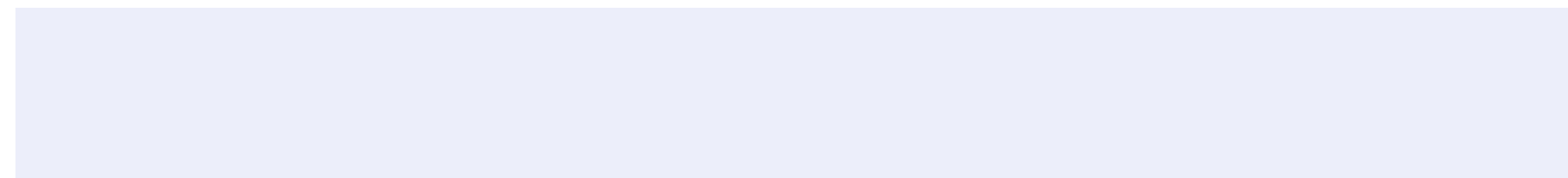
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

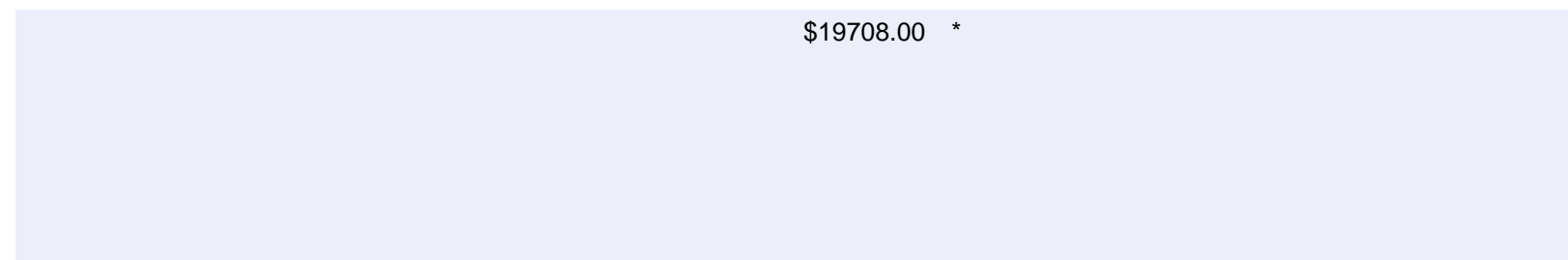
# knee

Based on Hospital Medicare Payment And Volume Measures

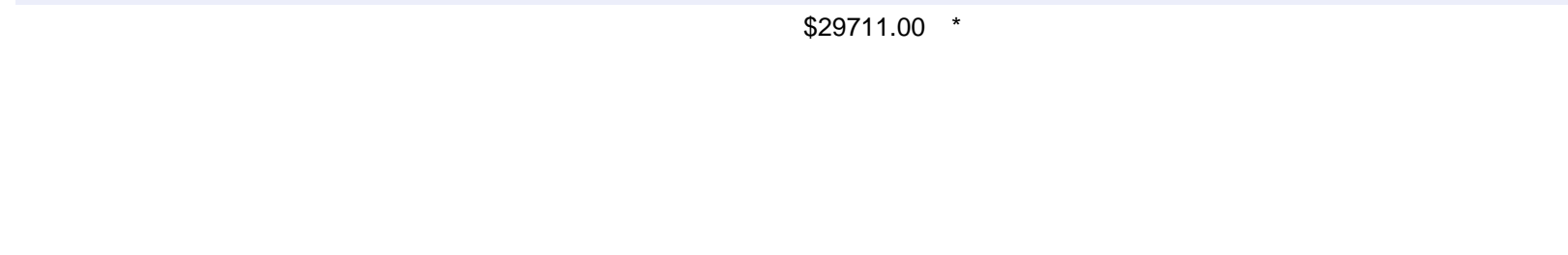


\$15742.00

14



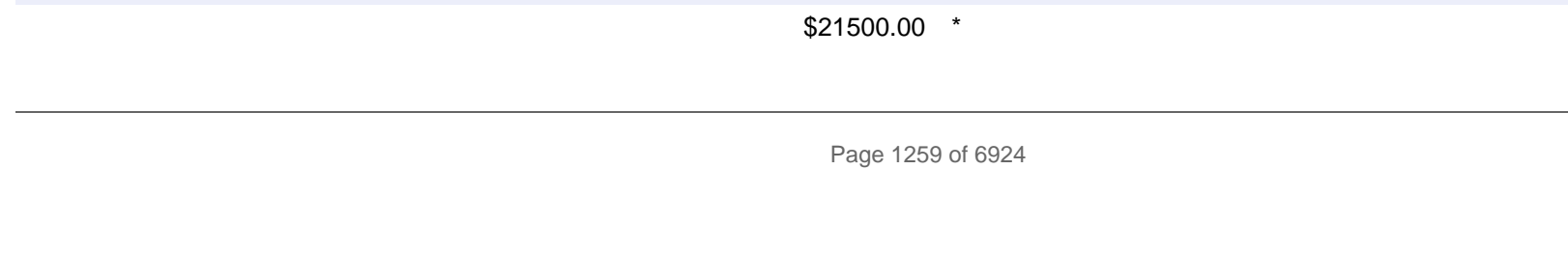
\$19708.00 \*



\$29711.00 \*



\$24213.00 \*



\$21500.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100034	MOUNT SINAI MEDICAL CENTER	4300 ALTON RD
100035	MANATEE MEMORIAL HOSPITAL	206 2ND ST E
100035	MANATEE MEMORIAL HOSPITAL	206 2ND ST E
100035	MANATEE MEMORIAL HOSPITAL	206 2ND ST E
100038	MEMORIAL REGIONAL HOSPITAL	3501 JOHNSON ST
100038	MEMORIAL REGIONAL HOSPITAL	3501 JOHNSON ST

# knee

Based on Hospital Medicare Payment And Volume Measures

MIAMI BEACH FL

BRADENTON FL

BRADENTON FL

BRADENTON FL

HOLLYWOOD FL

HOLLYWOOD FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33140	MIAMI-DADE	3056742121
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34208	MANATEE	9417465111
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34208	MANATEE	9417465111
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34208	MANATEE	9417465111
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33021	BROWARD	9549872000
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33021	BROWARD	9549872000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17008.00 \*

\$17844.00	12
------------	----

\$19080.00	11
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\$28300.00 \*

\$25174.00 \*

\$8745.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100038	MEMORIAL REGIONAL HOSPITAL	3501 JOHNSON ST
100039	BROWARD GENERAL MEDICAL CENTER	1600 S ANDREWS AVE
100039	BROWARD GENERAL MEDICAL CENTER	1600 S ANDREWS AVE
100039	BROWARD GENERAL MEDICAL CENTER	1600 S ANDREWS AVE
100040	ST VINCENT'S MEDICAL CENTER	1 SHIRCLIFF WAY
100040	ST VINCENT'S MEDICAL CENTER	1 SHIRCLIFF WAY

# knee

Based on Hospital Medicare Payment And Volume Measures

HOLLYWOOD FL

FORT  
LAUDERDALE FL

FORT  
LAUDERDALE FL

FORT  
LAUDERDALE FL

JACKSONVILLE FL

JACKSONVILLE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33021	BROWARD	9549872000
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33316	BROWARD	9543554400
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33316	BROWARD	9543554400
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33316	BROWARD	9543554400
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32204	DUVAL	9043087300
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32204	DUVAL	9043087300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

knee

Based on Hospital Medicare Payment And Volume Measures

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100040	ST VINCENT'S MEDICAL CENTER	1 SHIRCLIFF WAY
100043	MEASE HOSPITAL DUNEDIN	601 MAIN STREET

100043	MEASE HOSPITAL DUNEDIN	601 MAIN STREET
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100043	MEASE HOSPITAL DUNEDIN	601 MAIN STREET
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100044	MARTIN MEMORIAL MEDICAL CENTER	200 SE HOSPITAL AVE
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100044	MARTIN MEMORIAL MEDICAL	200 SE HOSPITAL AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSONVILLE FL

DUNEDIN FL

DUNEDIN FL

DUNEDIN FL

STUART FL

STUART FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32204	DUVAL	9043087300
34698	PINELLAS	7277331111

34698	PINELLAS	7277331111
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34698	PINELLAS	7277331111
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34995	MARTIN	7722875200
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34995	MARTIN	7722875200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13918.00

45

\$12757.00 \*

\$15949.00 \*

\$19180.00 \*

\$13082.00 \*

\$16923.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

100044	MARTIN MEMORIAL MEDICAL CENTER	200 SE HOSPITAL AVE
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100045	FLORIDA HOSPITAL DELAND	701 W PLYMOUTH AVE
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100046	FLORIDA HOSPITAL ZEPHYRHILLS	7050 GALL BLVD
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100047	CHARLOTTE REGIONAL MEDICAL CENTER	809 E MARION AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

STUART FL

DELAND FL

ZEPHYRHILLS FL

PUNTA GORDA FL



# knee

Based on Hospital Medicare Payment And Volume Measures

34995

MARTIN

7722875200

32720

VOLUSIA

3869434772

33541

PASCO

8137880411

33950

CHARLOTTE

9416393131

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12406.00 \*

\$16158.00 \*

\$16682.00 \*

\$13299.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

100047	CHARLOTTE REGIONAL MEDICAL CENTER	809 E MARION AVE
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100049	HIGHLANDS REGIONAL MEDICAL CENTER	3600 S HIGHLANDS AVE
--------	--------------------------------------	----------------------

100049	HIGHLANDS REGIONAL MEDICAL CENTER	3600 S HIGHLANDS AVE
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100050	PALM SPRINGS GENERAL HOSPITAL	1475 W 49TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

PUNTA GORDA FL

SEBRING FL

SEBRING FL

HIALEAH FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33950	CHARLOTTE	9416393131
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33870	HIGHLANDS	8633856101
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33870	HIGHLANDS	8633856101
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33012	MIAMI-DADE	3055582500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16626.00 \*

\$24630.00 \*

\$13100.00 \*

\$18284.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

100050	PALM SPRINGS GENERAL HOSPITAL	1475 W 49TH ST
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100051	SOUTH LAKE HOSPITAL	1900 DON WICKHAM DR
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100051	SOUTH LAKE HOSPITAL	1900 DON WICKHAM DR
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100053	HIALEAH HOSPITAL	651 E 25TH ST
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100054	TWIN CITIES HOSPITAL	2190 HIGHWAY 85 NORTH
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# knee

Based on Hospital Medicare Payment And Volume Measures

HIALEAH	FL
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CLERMONT	FL
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CLERMONT	FL
----------	----

HIALEAH	FL
---------	----

NICEVILLE	FL
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# knee

Based on Hospital Medicare Payment And Volume Measures

33012	MIAMI-DADE	3055582500
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34711	LAKE	3523944071
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34711	LAKE	3523944071
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33013	MIAMI-DADE	3056936100
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32578	OKALOOSA	8506784131
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



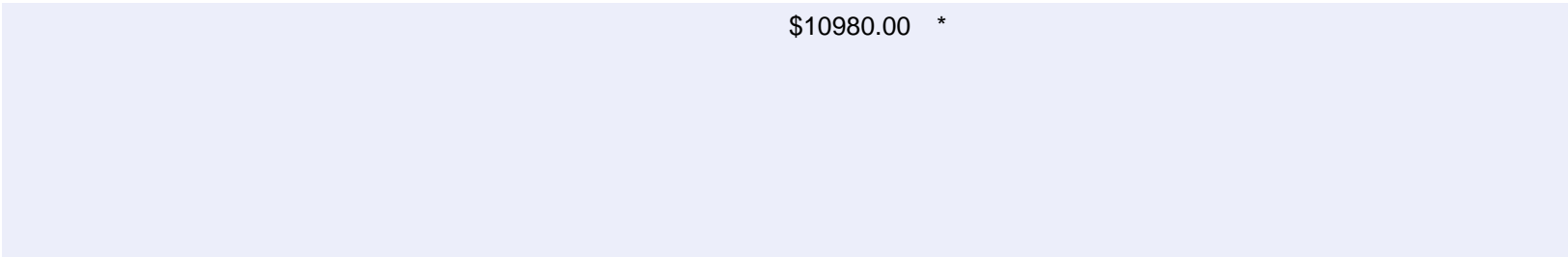
\$22859.00 \*



\$16549.00

15

\$24545.00 \*



\$10980.00 \*

\$12484.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100054	TWIN CITIES HOSPITAL	2190 HIGHWAY 85 NORTH
100055	HELEN ELLIS MEMORIAL HOSPITAL	1395 S PINELLAS AVE
100055	HELEN ELLIS MEMORIAL HOSPITAL	1395 S PINELLAS AVE
100057	FLORIDA HOSPITAL WATERMAN	1000 WATERMAN WAY
100057	FLORIDA HOSPITAL WATERMAN	1000 WATERMAN WAY
100057	FLORIDA HOSPITAL WATERMAN	1000 WATERMAN WAY
100057	FLORIDA HOSPITAL WATERMAN	1000 WATERMAN WAY

# knee

Based on Hospital Medicare Payment And Volume Measures

NICEVILLE FL

TARPON SPRINGS FL

TARPON SPRINGS FL

TAVARES FL

TAVARES FL

TAVARES FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32578	OKALOOSA	8506784131
34689	PINELLAS	7279425000
34689	PINELLAS	7279425000
32778	LAKE	3522533300
32778	LAKE	3522533300
32778	LAKE	3522533300
32778	LAKE	3522533300

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13006.00 \*

\$13301.00

13

\$12767.00 \*

\$13439.00 \*

\$16801.00

16

\$24919.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100061	MERCY HOSPITAL INC	3663 S MIAMI AVE
100061	MERCY HOSPITAL INC	3663 S MIAMI AVE
100061	MERCY HOSPITAL INC	3663 S MIAMI AVE
100062	MUNROE REGIONAL MEDICAL CENTER	1500 SW FIRST AVE
100062	MUNROE REGIONAL MEDICAL CENTER	1500 SW FIRST AVE
100062	MUNROE REGIONAL MEDICAL CENTER	1500 SW FIRST AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MIAMI	FL
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MIAMI	FL
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MIAMI	FL
-------	----

OCALA	FL
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OCALA	FL
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OCALA	FL
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# knee

Based on Hospital Medicare Payment And Volume Measures

33133	MIAMI-DADE	3052852121
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33133	MIAMI-DADE	3052852121
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33133	MIAMI-DADE	3052852121
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34474	MARION	3523517200
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34474	MARION	3523517200
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34474	MARION	3523517200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$30726.00 *	
	\$22880.00	40
	\$18122.00	14
	\$12453.00 *	
	\$15568.00 *	
	\$15602.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100067	ST ANTHONY'S HOSPITAL	1200 7TH AVENUE NORTH
100067	ST ANTHONY'S HOSPITAL	1200 7TH AVENUE NORTH
100068	FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER	301 MEMORIAL MEDICAL PARKWAY
100068	FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER	301 MEMORIAL MEDICAL PARKWAY
100068	FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER	301 MEMORIAL MEDICAL PARKWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

DAYTONA BEACH FL

DAYTONA BEACH FL

DAYTONA BEACH FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33705	PINELLAS	7278251100
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33705	PINELLAS	7278251100
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32117	VOLUSIA	3866766000
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32117	VOLUSIA	3866766000
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32117	VOLUSIA	3866766000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

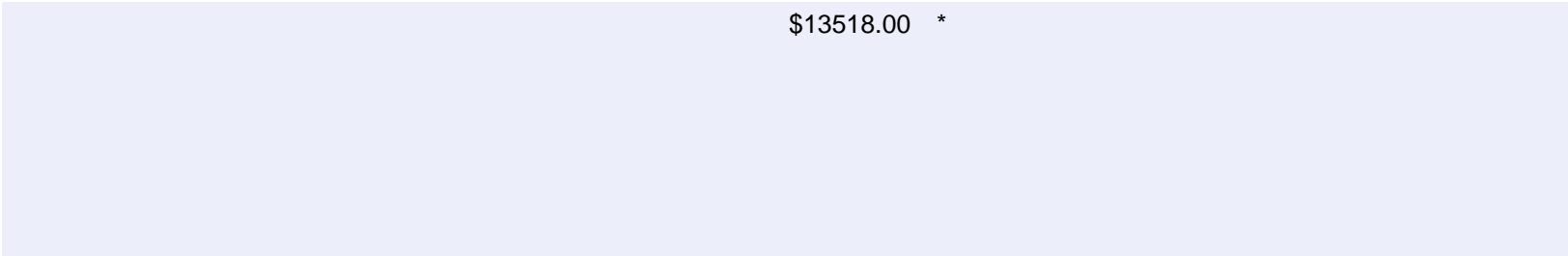
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

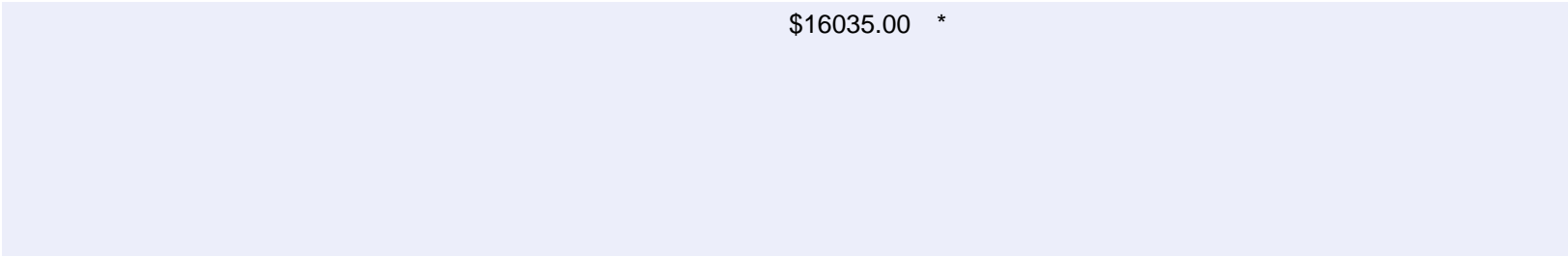


# knee

Based on Hospital Medicare Payment And Volume Measures



\$16847.00 13



\$24854.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100069	UNIVERSITY COMMUNITY HOSPITAL AT CARROLLWOOD	7171 NORTH DALE MABRY
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100069	UNIVERSITY COMMUNITY HOSPITAL AT CARROLLWOOD	7171 NORTH DALE MABRY
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100069	UNIVERSITY COMMUNITY HOSPITAL AT CARROLLWOOD	7171 NORTH DALE MABRY
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100070	VENICE REGIONAL MEDICAL CENTER	540 THE RIALTO
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100070	VENICE REGIONAL MEDICAL CENTER	540 THE RIALTO
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# knee

Based on Hospital Medicare Payment And Volume Measures

TAMPA FL

TAMPA FL

TAMPA FL

VENICE FL

VENICE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33614	HILLSBOROUGH	8139322222
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33614	HILLSBOROUGH	8139322222
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33614	HILLSBOROUGH	8139322222
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34285	SARASOTA	9414857711
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34285	SARASOTA	9414857711
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13667.00 \*

\$22824.00 \*

\$16977.00 \*

\$16735.00

13

\$20797.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100070	VENICE REGIONAL MEDICAL CENTER	540 THE RIALTO
100071	BROOKSVILLE REGIONAL HOSPITAL	17240 CORTEZ BOULEVARD
100071	BROOKSVILLE REGIONAL HOSPITAL	17240 CORTEZ BOULEVARD
100072	FLORIDA HOSPITAL FISH MEMORIAL	1055 SAXON BLVD
100073	HOLY CROSS HOSPITAL INC	4725 N FEDERAL HWY

# knee

Based on Hospital Medicare Payment And Volume Measures

VENICE FL

BROOKSVILLE FL

BROOKSVILLE FL

ORANGE CITY FL

FORT  
LAUDERDALE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34285	SARASOTA	9414857711
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34601	HERNANDO	3527965111
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34601	HERNANDO	3527965111
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32763	VOLUSIA	3869175000
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33308	BROWARD	9547718000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13386.00 \*

\$14317.00 \*

\$14785.00 \*

\$16028.00 \*

\$13627.00

63

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100073	HOLY CROSS HOSPITAL INC	4725 N FEDERAL HWY
100073	HOLY CROSS HOSPITAL INC	4725 N FEDERAL HWY
100075	ST JOSEPH'S HOSPITAL	3001 W MARTIN LUTHER KING JR BLVD
100075	ST JOSEPH'S HOSPITAL	3001 W MARTIN LUTHER KING JR BLVD
100075	ST JOSEPH'S HOSPITAL	3001 W MARTIN LUTHER KING JR BLVD
100077	PEACE RIVER REGIONAL MEDICAL CENTER	2500 HARBOR BLVD
100077	PEACE RIVER REGIONAL MEDICAL CENTER	2500 HARBOR BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

FORT  
LAUDERDALE

FL

FORT  
LAUDERDALE

FL

TAMPA

FL

TAMPA

FL

TAMPA

FL

PORT  
CHARLOTTE

FL

PORT  
CHARLOTTE

FL



# knee

Based on Hospital Medicare Payment And Volume Measures

33308	BROWARD	9547718000
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33308	BROWARD	9547718000
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33677	HILLSBOROUGH	8138704398
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33677	HILLSBOROUGH	8138704398
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33677	HILLSBOROUGH	8138704398
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33952	CHARLOTTE	9417664122
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33952	CHARLOTTE	9417664122
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14197.00	21
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\$25269.00	11
------------	----

\$28957.00 *	
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\$19523.00	16
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\$15616.00	12
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\$13810.00 *	
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\$17266.00 *	
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# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100077	PEACE RIVER REGIONAL MEDICAL CENTER	2500 HARBOR BLVD
100080	JFK MEDICAL CENTER	5301 S CONGRESS AVE
100080	JFK MEDICAL CENTER	5301 S CONGRESS AVE
100080	JFK MEDICAL CENTER	5301 S CONGRESS AVE
100084	LEESBURG REGIONAL MEDICAL CENTER	600 E DIXIE AVENUE
100084	LEESBURG REGIONAL MEDICAL CENTER	600 E DIXIE AVENUE
100084	LEESBURG REGIONAL MEDICAL CENTER	600 E DIXIE AVENUE
100086	NORTH BROWARD MEDICAL CENTER	201 E SAMPLE RD

# knee

Based on Hospital Medicare Payment And Volume Measures

PORT  
CHARLOTTE FL

ATLANTIS FL

ATLANTIS FL

ATLANTIS FL

LEESBURG FL

LEESBURG FL

LEESBURG FL

POMPANO BEACH FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33952	CHARLOTTE	9417664122
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33462	PALM BEACH	5619657300
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33462	PALM BEACH	5619657300
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33462	PALM BEACH	5619657300
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34748	LAKE	3523235762
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34748	LAKE	3523235762
-------	------	------------

34748	LAKE	3523235762
-------	------	------------

33064	BROWARD	9547866950
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20764.00 \*

\$18409.00 13

\$15435.00 35

\$557.00 24

\$13304.00 16

\$13862.00 44

\$24670.00 \*

\$18489.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100086	NORTH BROWARD MEDICAL CENTER	201 E SAMPLE RD
100087	SARASOTA MEMORIAL HOSPITAL	1700 S TAMIAMI TRL
100087	SARASOTA MEMORIAL HOSPITAL	1700 S TAMIAMI TRL
100087	SARASOTA MEMORIAL HOSPITAL	1700 S TAMIAMI TRL
100088	BAPTIST MEDICAL CENTER	800 PRUDENTIAL DR
100088	BAPTIST MEDICAL CENTER	800 PRUDENTIAL DR
100088	BAPTIST MEDICAL CENTER	800 PRUDENTIAL DR
100090	FLAGLER HOSPITAL	400 HEALTH PARK BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

POMPANO BEACH	FL
---------------	----

SARASOTA	FL
----------	----

SARASOTA	FL
----------	----

SARASOTA	FL
----------	----

JACKSONVILLE	FL
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JACKSONVILLE	FL
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JACKSONVILLE	FL
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SAINT AUGUSTINE	FL
--------------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

33064	BROWARD	9547866950
34239	SARASOTA	9419179000
34239	SARASOTA	9419179000
34239	SARASOTA	9419179000
32207	DUVAL	9042022000
32207	DUVAL	9042022000
32207	DUVAL	9042022000
32086	SAINT JOHNS	9048194426

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$7928.00 *	
	\$13846.00	15
	\$17311.00	15
	\$25186.00 *	
	\$22278.00 *	
	\$18524.00	12
	\$14817.00	16
	\$13183.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

100090

FLAGLER HOSPITAL

400 HEALTH PARK BLVD

100090

FLAGLER HOSPITAL

400 HEALTH PARK BLVD

100092

WUESTHOFF MEDICAL CENTER  
ROCKLEDGE

110 LONGWOOD AVE

100092

WUESTHOFF MEDICAL CENTER  
ROCKLEDGE

110 LONGWOOD AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT  
AUGUSTINE FL

SAINT  
AUGUSTINE FL

ROCKLEDGE FL

ROCKLEDGE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32086

SAINT JOHNS

9048194426

32086

SAINT JOHNS

9048194426

32955

BREVARD

3216372603

32955

BREVARD

3216372603

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16239.00 \*

\$18889.00 \*

\$17008.00 \*

\$13604.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

100093	BAPTIST HOSPITAL	1000 WEST MORENO STREET
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100093	BAPTIST HOSPITAL	1000 WEST MORENO STREET
--------	------------------	-------------------------

100093	BAPTIST HOSPITAL	1000 WEST MORENO STREET
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100099	LAKE WALES MEDICAL CENTER	410 S 11TH ST
--------	---------------------------	---------------

100105	INDIAN RIVER MEDICAL CENTER	1000 36TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

PENSACOLA FL

PENSACOLA FL

PENSACOLA FL

LAKE WALES FL

VERO BEACH FL



# knee

Based on Hospital Medicare Payment And Volume Measures

32501	ESCAMBIA	8504344011
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32501	ESCAMBIA	8504344011
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32501	ESCAMBIA	8504344011
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33853	POLK	8636761433
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32960	INDIAN RIVER	7725674311
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13969.00 *	
	\$17464.00 *	
	\$1068.00 *	
	\$24458.00 *	
	\$13792.00	40

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100105	INDIAN RIVER MEDICAL CENTER	1000 36TH ST
100107	LEHIGH REGIONAL MEDICAL CENTER	1500 LEE BLVD
100107	LEHIGH REGIONAL MEDICAL CENTER	1500 LEE BLVD
100109	FLORIDA HOSPITAL HEARTLAND MEDICAL CENTER	4200 SUN N' LAKE BLVD
100109	FLORIDA HOSPITAL HEARTLAND MEDICAL CENTER	4200 SUN N' LAKE BLVD
100110	OSCEOLA REGIONAL MEDICAL	700 WEST OAK STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

VERO BEACH FL

LEHIGH ACRES FL

LEHIGH ACRES FL

SEBRING FL

SEBRING FL

KISSIMMEE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32960	INDIAN RIVER	7725674311
33936	LEE	2393692101

33936	LEE	2393692101
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33871	HIGHLANDS	8633144466
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33871	HIGHLANDS	8633144466
-------	-----------	------------

34741	OSCEOLA	4078462266
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17243.00	18
	\$13979.00 *	
	\$14564.00 *	
	\$17205.00 *	
	\$13762.00 *	
	\$15245.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

100110	OSCEOLA REGIONAL MEDICAL CENTER	700 WEST OAK STREET
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100110	OSCEOLA REGIONAL MEDICAL CENTER	700 WEST OAK STREET
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100113	SHANDS HOSPITAL AT THE UNIVERSITY OF FLORIDA	1600 SW ARCHER RD
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100113	SHANDS HOSPITAL AT THE UNIVERSITY OF FLORIDA	1600 SW ARCHER RD
--------	---	-------------------

100113	SHANDS HOSPITAL AT THE	1600 SW ARCHER RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

KISSIMMEE FL

KISSIMMEE	FL
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GAINESVILLE FL

GAINESVILLE	FL
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GAINESVILLE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34741	OSCEOLA	4078462266
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34741	OSCEOLA	4078462266
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32610	ALACHUA	3522658000
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32610	ALACHUA	3522658000
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32610	ALACHUA	3522658000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18906.00	*
	\$28182.00	*
	\$36305.00	*
	\$24411.00	15
	\$19307.00	24

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100117	UNIVERSITY OF FLORIDA BAPTIST MEDICAL CENTER BEACHES	1350 13TH AVE SOUTH
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100117	BAPTIST MEDICAL CENTER BEACHES	1350 13TH AVE SOUTH
--------	-----------------------------------	---------------------

100117	BAPTIST MEDICAL CENTER BEACHES	1350 13TH AVE SOUTH
--------	-----------------------------------	---------------------

100118	FLORIDA HOSPITAL FLAGLER	60 MEMORIAL MEDICAL PKWY
--------	--------------------------	-----------------------------

100118	FLORIDA HOSPITAL FLAGLER	60 MEMORIAL MEDICAL
--------	--------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSONVILLE  
BEACH FL

JACKSONVILLE  
BEACH FL

JACKSONVILLE  
BEACH FL

PALM COAST FL

PALM COAST FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32250

DUVAL

9042472900

32250

DUVAL

9042472900

32250

DUVAL

9042472900

32164

FLAGLER

3865862000

32164

FLAGLER

3865862000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12831.00 \*

\$16042.00 \*

\$21543.00 \*

\$19565.00 \*

\$15649.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

PKWY

100121

BARTOW REGIONAL MEDICAL  
CENTER

2200 OSPREY BLVD

100122

NORTH OKALOOSA MEDICAL  
CENTER

151 REDSTONE AVE SE

100124

SANTA ROSA MEDICAL CENTER

6002 BERRYHILL RD

100124

SANTA ROSA MEDICAL CENTER

6002 BERRYHILL RD

# knee

Based on Hospital Medicare Payment And Volume Measures

BARTOW FL

CRESTVIEW FL

MILTON FL

MILTON FL



# knee

Based on Hospital Medicare Payment And Volume Measures

33831

POLK

8635338111

32539

OKALOOSA

8506898100

32570

SANTA ROSA

8506267762

32570

SANTA ROSA

8506267762

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13779.00 \*

\$17174.00 \*

\$14149.00 \*

\$17736.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

100124	SANTA ROSA MEDICAL CENTER	6002 BERRYHILL RD
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100126	PALMS OF PASADENA HOSPITAL	1501 PASADENA AVE SOUTH
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100126	PALMS OF PASADENA HOSPITAL	1501 PASADENA AVE SOUTH
--------	----------------------------	----------------------------

100126	PALMS OF PASADENA HOSPITAL	1501 PASADENA AVE SOUTH
--------	----------------------------	----------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

MILTON

FL

SAINT  
PETERSBURG

FL

SAINT  
PETERSBURG

FL

SAINT  
PETERSBURG

FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32570

SANTA ROSA

8506267762

33707

PINELLAS

7273811000

33707

PINELLAS

7273811000

33707

PINELLAS

7273811000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14220.00 \*

\$12750.00 \*

\$23009.00 \*

\$15941.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

100127	MORTON PLANT HOSPITAL	300 PINELLAS ST
100127	MORTON PLANT HOSPITAL	300 PINELLAS ST
100127	MORTON PLANT HOSPITAL	300 PINELLAS ST
100128	TAMPA GENERAL HOSPITAL	1 TAMPA GENERAL CIRCLE
100128	TAMPA GENERAL HOSPITAL	1 TAMPA GENERAL CIRCLE
100128	TAMPA GENERAL HOSPITAL	1 TAMPA GENERAL CIRCLE
100131	AVENTURA HOSPITAL AND MEDICAL CENTER	20900 BISCAYNE BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

CLEARWATER	FL
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CLEARWATER	FL
------------	----

CLEARWATER	FL
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TAMPA	FL
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TAMPA	FL
-------	----

TAMPA	FL
-------	----

AVENTURA	FL
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

33756	PINELLAS	7274627000
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33756	PINELLAS	7274627000
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33756	PINELLAS	7274627000
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33606	HILLSBOROUGH	8138447000
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33606	HILLSBOROUGH	8138447000
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33606	HILLSBOROUGH	8138447000
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33180	MIAMI-DADE	3056827000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17018.00	82
	\$25242.00 *	
	\$13708.00 *	
	\$16960.00 *	
	\$31057.00	14
	\$17669.00	116
	\$14639.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

100131	AVENTURA HOSPITAL AND MEDICAL CENTER	20900 BISCAYNE BLVD
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100132	SOUTH FLORIDA BAPTIST HOSPITAL	301 N ALEXANDER ST
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100132	SOUTH FLORIDA BAPTIST HOSPITAL	301 N ALEXANDER ST
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100135	TALLAHASSEE MEMORIAL HEALTHCARE	1300 MICCOSUKEE RD
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100135	TALLAHASSEE MEMORIAL HEALTHCARE	1300 MICCOSUKEE RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

AVENTURA FL

PLANT CITY FL

PLANT CITY FL

TALLAHASSEE FL

TALLAHASSEE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33180	MIAMI-DADE	3056827000
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33563	HILLSBOROUGH	8137571200
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33563	HILLSBOROUGH	8137571200
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32308	LEON	8504311155
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32308	LEON	8504311155
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18189.00 \*

\$9197.00 \*

\$26537.00 \*

\$15348.00

19

\$28460.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
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small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

100135	TALLAHASSEE MEMORIAL HEALTHCARE	1300 MICCOSUKEE RD
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100137	HEART OF FLORIDA REGIONAL MEDICAL CENTER	40100 US HWY 27 N
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100137	HEART OF FLORIDA REGIONAL MEDICAL CENTER	40100 US HWY 27 N
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100137	HEART OF FLORIDA REGIONAL MEDICAL CENTER	40100 US HWY 27 N
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100140	BAPTIST MEDICAL CENTER - NASSAU	1250 S 18TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

TALLAHASSEE FL

DAVENPORT FL

DAVENPORT FL

DAVENPORT FL

FERNANDINA  
BEACH FL



# knee

Based on Hospital Medicare Payment And Volume Measures

32308	LEON	8504311155
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33837	POLK	8634224971
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33837	POLK	8634224971
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33837	POLK	8634224971
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32034	NASSAU	9043213500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17659.00

12

\$14748.00 \*

\$25755.00 \*

\$13889.00 \*

\$22647.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

100142

JACKSON HOSPITAL

4250 HOSPITAL DRIVE

100150

LOWER KEYS MEDICAL CENTER

5900 COLLEGE ROAD

100150

LOWER KEYS MEDICAL CENTER

5900 COLLEGE ROAD

100150

LOWER KEYS MEDICAL CENTER

5900 COLLEGE ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

MARIANNA

FL

KEY WEST

FL

KEY WEST

FL

KEY WEST

FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32446

JACKSON

8507182620

33040

MONROE

3052945531

33040

MONROE

3052945531

33040

MONROE

3052945531

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13803.00 \*

\$17686.00 \*

\$32802.00 \*

\$22114.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

100151	MAYO CLINIC	4500 SAN PABLO ROAD
100151	MAYO CLINIC	4500 SAN PABLO ROAD
100151	MAYO CLINIC	4500 SAN PABLO ROAD
100154	SOUTH MIAMI HOSPITAL, INC	6200 SW 73RD ST
100154	SOUTH MIAMI HOSPITAL, INC	6200 SW 73RD ST
100157	LAKELAND REGIONAL MEDICAL CENTER	1324 LAKELAND HILLS BLVD
100157	LAKELAND REGIONAL MEDICAL CENTER	1324 LAKELAND HILLS BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSONVILLE FL

JACKSONVILLE FL

JACKSONVILLE FL

SOUTH MIAMI FL

SOUTH MIAMI FL

LAKELAND FL

LAKELAND FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32224	DUVAL	9049532000
32224	DUVAL	9049532000
32224	DUVAL	9049532000
33143	MIAMI-DADE	7866624000
33143	MIAMI-DADE	7866624000
33805	POLK	8636871100
33805	POLK	8636871100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14693.00	30
	\$20145.00 *	
	\$14103.00	15
	\$14651.00 *	
	\$124.00 *	
	\$13725.00	31
	\$14312.00	22

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100157	LAKELAND REGIONAL MEDICAL CENTER	1324 LAKELAND HILLS BLVD
100161	CENTRAL FLORIDA REGIONAL HOSPITAL	1401 W SEMINOLE BLVD
100161	CENTRAL FLORIDA REGIONAL HOSPITAL	1401 W SEMINOLE BLVD
100161	CENTRAL FLORIDA REGIONAL HOSPITAL	1401 W SEMINOLE BLVD
100166	DOCTORS HOSPITAL OF SARASOTA	5731 BEE RIDGE RD
100166	DOCTORS HOSPITAL OF SARASOTA	5731 BEE RIDGE RD

# knee

Based on Hospital Medicare Payment And Volume Measures

LAKELAND FL

SANFORD FL

SANFORD FL

SANFORD FL

SARASOTA FL

SARASOTA FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33805	POLK	8636871100
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32771	SEMINOLE	4073214500
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32771	SEMINOLE	4073214500
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32771	SEMINOLE	4073214500
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34233	SARASOTA	9413421100
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34233	SARASOTA	9413421100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$13533.00 \*



\$17181.00 \*



\$24831.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100166	DOCTORS HOSPITAL OF SARASOTA	5731 BEE RIDGE RD
100168	BOCA RATON REGIONAL HOSPITAL	800 MEADOWS RD
100168	BOCA RATON REGIONAL HOSPITAL	800 MEADOWS RD
100168	BOCA RATON REGIONAL HOSPITAL	800 MEADOWS RD
100173	UNIVERSITY COMMUNITY HOSPITAL	3100 E FLETCHER AVE
100173	UNIVERSITY COMMUNITY HOSPITAL	3100 E FLETCHER AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SARASOTA FL

BOCA RATON FL

BOCA RATON FL

BOCA RATON FL

TAMPA FL

TAMPA FL



# knee

Based on Hospital Medicare Payment And Volume Measures

34233	SARASOTA	9413421100
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33486	PALM BEACH	5613625002
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33486	PALM BEACH	5613625002
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33486	PALM BEACH	5613625002
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33613	HILLSBOROUGH	8136157200
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33613	HILLSBOROUGH	8136157200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13393.00 29

\$26271.00 \*

\$17019.00 16

\$13613.00 \*

\$13446.00 11

\$16810.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100173	UNIVERSITY COMMUNITY HOSPITAL	3100 E FLETCHER AVE
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100176	PALM BEACH GARDENS MEDICAL CENTER	3360 BURNS RD
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100176	PALM BEACH GARDENS MEDICAL CENTER	3360 BURNS RD
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100176	PALM BEACH GARDENS MEDICAL CENTER	3360 BURNS RD
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100177	CAPE CANAVERAL HOSPITAL	701 W COCOA BEACH CAUSEWAY
--------	-------------------------	-------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

TAMPA FL

PALM BEACH  
GARDENS FL

PALM BEACH  
GARDENS FL

PALM BEACH  
GARDENS FL

COCOA BEACH FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33613	HILLSBOROUGH	8136157200
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33410	PALM BEACH	5616221411
-------	------------	------------

33410	PALM BEACH	5616221411
-------	------------	------------

33410	PALM BEACH	5616221411
-------	------------	------------

32932	BREVARD	3217997111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$24260.00 \*

\$13624.00 \*

\$23897.00 \*

\$17032.00 \*

\$15013.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100177

CAPE CANAVERAL HOSPITAL

701 W COCOA BEACH  
CAUSEWAY

100179

MEMORIAL HOSPITAL  
JACKSONVILLE

3625 UNIVERSITY BLVD  
SOUTH

100179

MEMORIAL HOSPITAL  
JACKSONVILLE

3625 UNIVERSITY BLVD  
SOUTH

100179

MEMORIAL HOSPITAL  
JACKSONVILLE

3625 UNIVERSITY BLVD  
SOUTH

# knee

Based on Hospital Medicare Payment And Volume Measures

COCOA BEACH FL

JACKSONVILLE FL

JACKSONVILLE FL

JACKSONVILLE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32932

BREVARD

3217997111

32216

DUVAL

9043996111

32216

DUVAL

9043996111

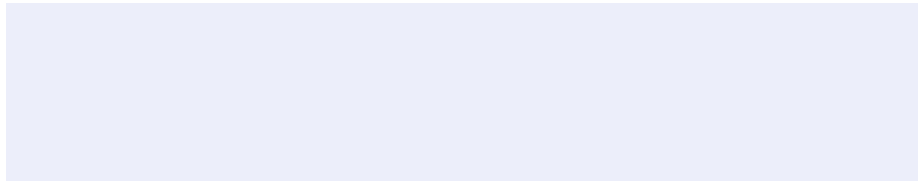
32216

DUVAL

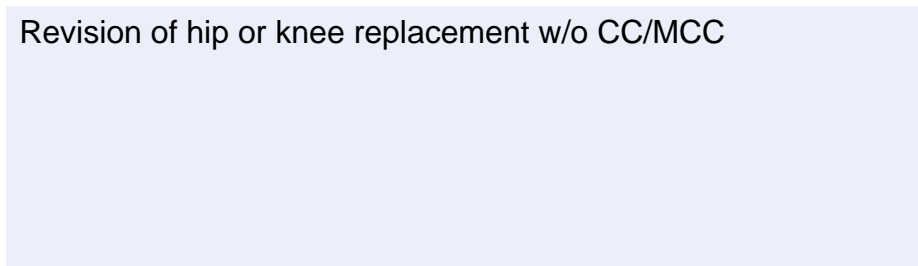
9043996111

# knee

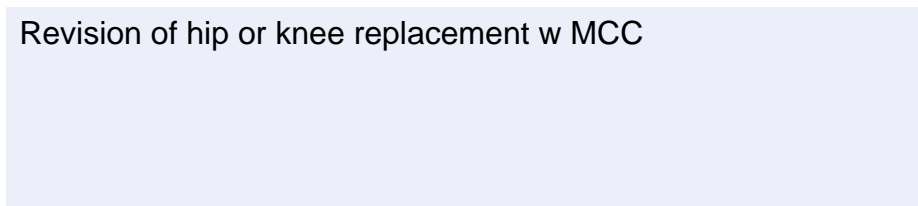
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13101.00 \*

\$13821.00 \*

\$14399.00 \*

\$25629.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100180	ST PETERSBURG GENERAL HOSPITAL	6500 38TH AVE N
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100180	ST PETERSBURG GENERAL HOSPITAL	6500 38TH AVE N
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100180	ST PETERSBURG GENERAL HOSPITAL	6500 38TH AVE N
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100181	LARKIN COMMUNITY HOSPITAL	7031 SW 62ND AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

SOUTH MIAMI FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33710

PINELLAS

7273841414

33710

PINELLAS

7273841414

33710

PINELLAS

7273841414

33143

MIAMI-DADE

3052847500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26410.00 \*

\$17688.00 \*

\$514.00 \*

\$23995.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100183	CORAL GABLES HOSPITAL	3100 DOUGLAS RD
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100183	CORAL GABLES HOSPITAL	3100 DOUGLAS RD
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100183	CORAL GABLES HOSPITAL	3100 DOUGLAS RD
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100187	PALMETTO GENERAL HOSPITAL	2001 W 68TH ST
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100187	PALMETTO GENERAL HOSPITAL	2001 W 68TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

CORAL GABLES FL

CORAL GABLES FL

CORAL GABLES FL

HIALEAH FL

HIALEAH FL



# knee

Based on Hospital Medicare Payment And Volume Measures

33134	MIAMI-DADE	3054458461
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33134	MIAMI-DADE	3054458461
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33134	MIAMI-DADE	3054458461
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33016	MIAMI-DADE	3058235000
-------	------------	------------

33016	MIAMI-DADE	3058235000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1046.00 \*

\$36134.00 \*

\$1068.00 \*

\$19395.00 \*

\$26249.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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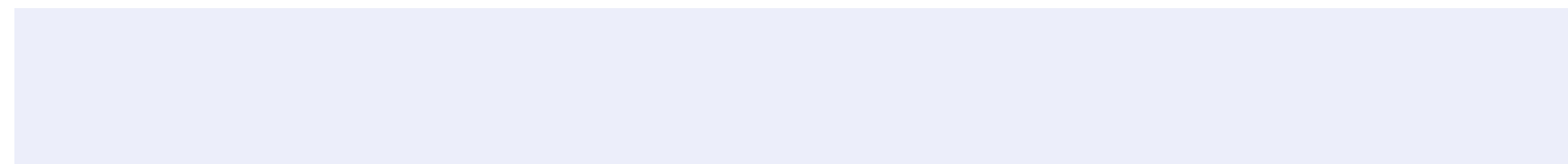
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# knee

Based on Hospital Medicare Payment And Volume Measures



100189

NORTHWEST MEDICAL CENTER

2801 N STATE RD 7



100189

NORTHWEST MEDICAL CENTER

2801 N STATE RD 7



100189

NORTHWEST MEDICAL CENTER

2801 N STATE RD 7



100191

COMMUNITY HOSPITAL

5637 MARINE PKWY



100191

COMMUNITY HOSPITAL

5637 MARINE PKWY

# knee

Based on Hospital Medicare Payment And Volume Measures

MARGATE	FL
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MARGATE	FL
---------	----

MARGATE	FL
---------	----

NEW PORT RICHEY	FL
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NEW PORT RICHEY	FL
--------------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

33063

BROWARD

9549740400

33063

BROWARD

9549740400

33063

BROWARD

9549740400

34652

PASCO

7278481733

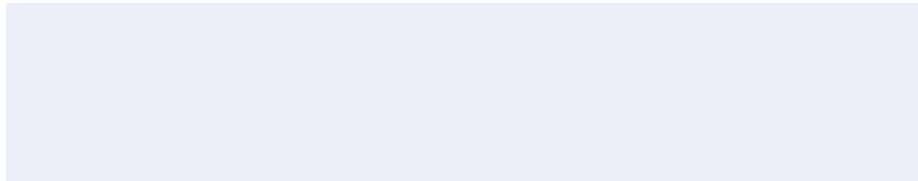
34652

PASCO

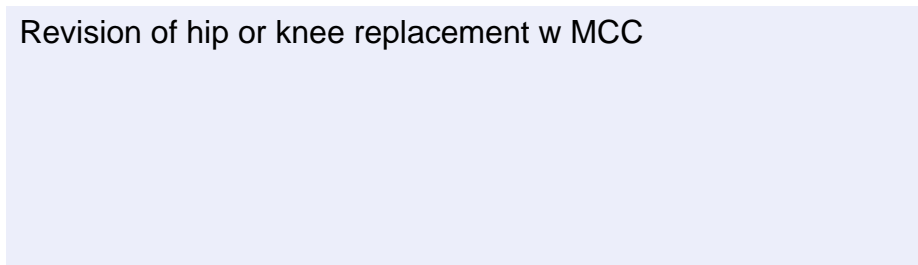
7278481733

# knee

Based on Hospital Medicare Payment And Volume Measures

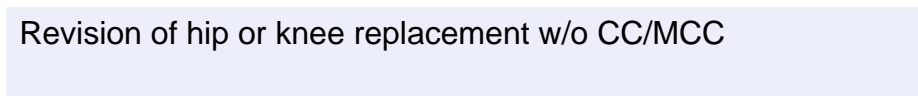


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



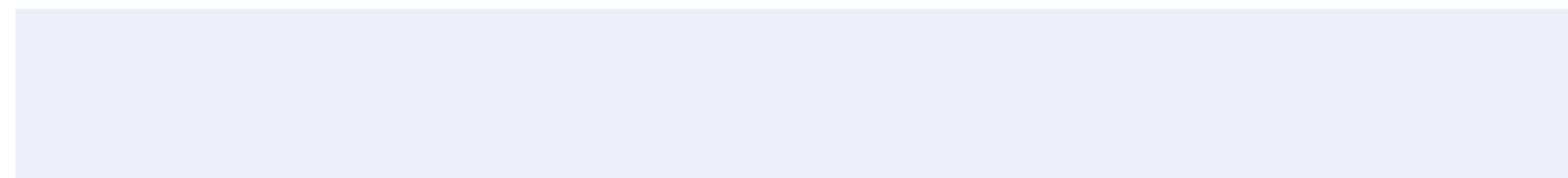
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$18224.00 \*



\$34611.00 \*



\$85.00 \*



\$12768.00

12

\$12715.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100191	COMMUNITY HOSPITAL	5637 MARINE PKWY
100200	IMPERIAL POINT MEDICAL CENTER	6401 NORTH FEDERAL HIGHWAY
100204	NORTH FLORIDA REGIONAL MEDICAL CENTER	6500 NEWBERRY ROAD
100204	NORTH FLORIDA REGIONAL MEDICAL CENTER	6500 NEWBERRY ROAD
100204	NORTH FLORIDA REGIONAL MEDICAL CENTER	6500 NEWBERRY ROAD
100209	KENDALL REGIONAL MEDICAL CENTER	11750 BIRD RD
100209	KENDALL REGIONAL MEDICAL CENTER	11750 BIRD RD
100209	KENDALL REGIONAL MEDICAL CENTER	11750 BIRD RD

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW PORT  
RICHEY FL

FORT  
LAUDERDALE FL

GAINESVILLE FL

GAINESVILLE FL

GAINESVILLE FL

MIAMI FL

MIAMI FL

MIAMI FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34652	PASCO	7278481733
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33308	BROWARD	9547768500
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32605	ALACHUA	3523334100
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32605	ALACHUA	3523334100
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32605	ALACHUA	3523334100
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33175	MIAMI-DADE	3052233000
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33175	MIAMI-DADE	3052233000
-------	------------	------------

33175	MIAMI-DADE	3052233000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13687.00	11
	\$14506.00 *	
	\$13548.00	16
	\$23843.00	11
	\$16938.00	26
	\$49.00	14
	\$20787.00	14
	\$91.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100212	OCALA REGIONAL MEDICAL CENTER	1431 SW FIRST AVE
100212	OCALA REGIONAL MEDICAL CENTER	1431 SW FIRST AVE
100212	OCALA REGIONAL MEDICAL CENTER	1431 SW FIRST AVE
100213	BLAKE MEDICAL CENTER	2020 59TH ST W
100213	BLAKE MEDICAL CENTER	2020 59TH ST W
100213	BLAKE MEDICAL CENTER	2020 59TH ST W
100217	SEBASTIAN RIVER MEDICAL CENTER	13695 U S HIGHWAY 1

# knee

Based on Hospital Medicare Payment And Volume Measures

	OCALA	FL
	OCALA	FL
	OCALA	FL
	BRADENTON	FL
	BRADENTON	FL
	BRADENTON	FL
	SEBASTIAN	FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34478	MARION	3524011000
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34478	MARION	3524011000
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34478	MARION	3524011000
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34209	MANATEE	9417926611
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34209	MANATEE	9417926611
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34209	MANATEE	9417926611
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32978	INDIAN RIVER	7725893187
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$12449.00	17
	\$18717.00 *	
	\$12969.00	28
	\$16734.00	19
	\$24820.00 *	
	\$13385.00	32
	\$13380.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

100217	SEBASTIAN RIVER MEDICAL CENTER	13695 U S HIGHWAY 1
100217	SEBASTIAN RIVER MEDICAL CENTER	13695 U S HIGHWAY 1
100220	GULF COAST MEDICAL CENTER LEE MEM HEALTH SYSTEM	13681 DOCTOR'S WAY
100220	GULF COAST MEDICAL CENTER LEE MEM HEALTH SYSTEM	13681 DOCTOR'S WAY
100220	GULF COAST MEDICAL CENTER LEE MEM HEALTH SYSTEM	13681 DOCTOR'S WAY
100223	FORT WALTON BEACH MEDICAL CENTER	1000 MAR WALT DR

# knee

Based on Hospital Medicare Payment And Volume Measures

SEBASTIAN	FL
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SEBASTIAN	FL
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FORT MYERS	FL
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FORT MYERS	FL
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FORT MYERS	FL
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FORT WALTON BEACH	FL
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# knee

Based on Hospital Medicare Payment And Volume Measures

32978	INDIAN RIVER	7725893187
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32978	INDIAN RIVER	7725893187
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33912	LEE	2397685000
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33912	LEE	2397685000
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33912	LEE	2397685000
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32547	OKALOOSA	8508621111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$24810.00 *	
	\$16727.00 *	
	\$17906.00	25
	\$26558.00 *	
	\$14322.00	64
	\$10986.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

100223	FORT WALTON BEACH MEDICAL CENTER	1000 MAR WALT DR
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100223	FORT WALTON BEACH MEDICAL CENTER	1000 MAR WALT DR
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100224	UNIVERSITY HOSPITAL & MEDICAL CENTER	7201 N UNIVERSITY DR
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100224	UNIVERSITY HOSPITAL & MEDICAL CENTER	7201 N UNIVERSITY DR
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# knee

Based on Hospital Medicare Payment And Volume Measures

FORT WALTON  
BEACH FL

FORT WALTON  
BEACH FL

TAMARAC FL

TAMARAC FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32547

OKALOOSA

8508621111

32547

OKALOOSA

8508621111

33321

BROWARD

9547212200

33321

BROWARD

9547212200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$24140.00 \*

\$16523.00 \*

\$17036.00 \*

\$25271.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100224	UNIVERSITY HOSPITAL & MEDICAL CENTER	7201 N UNIVERSITY DR
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100226	ORANGE PARK MEDICAL CENTER	2001 KINGSLEY AVE
--------	----------------------------	-------------------

100226	ORANGE PARK MEDICAL CENTER	2001 KINGSLEY AVE
--------	----------------------------	-------------------

100226	ORANGE PARK MEDICAL CENTER	2001 KINGSLEY AVE
--------	----------------------------	-------------------

100228	WESTSIDE REGIONAL MEDICAL CENTER	8201 W BROWARD BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

TAMARAC FL

ORANGE PARK FL

ORANGE PARK FL

ORANGE PARK FL

PLANTATION FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33321	BROWARD	9547212200
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32073	CLAY	9042768500
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32073	CLAY	9042768500
-------	------	------------

32073	CLAY	9042768500
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33324	BROWARD	9544736600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$6211.00 \*

\$13814.00 \*

\$25482.00 \*

\$17270.00 \*

\$7208.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

100230	MEMORIAL HOSPITAL PEMBROKE	7800 SHERIDAN STREET
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100230	MEMORIAL HOSPITAL PEMBROKE	7800 SHERIDAN STREET
--------	----------------------------	----------------------

100230	MEMORIAL HOSPITAL PEMBROKE	7800 SHERIDAN STREET
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100231	WEST FLORIDA HOSPITAL	8383 N DAVIS HIGHWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

PEMBROKE PINES FL

PEMBROKE PINES FL

PEMBROKE PINES FL

PENSACOLA FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33024

BROWARD

9549629650

33024

BROWARD

9549629650

33024

BROWARD

9549629650

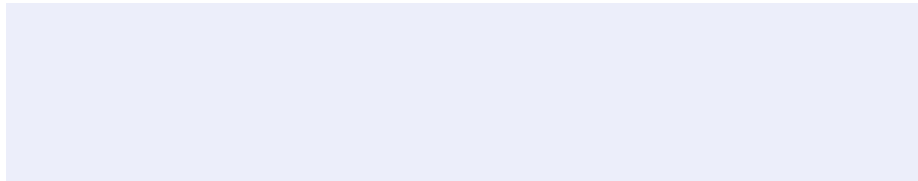
32514

ESCAMBIA

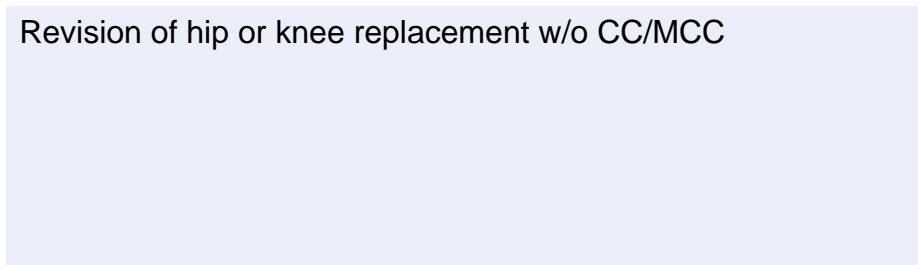
8504944000

# knee

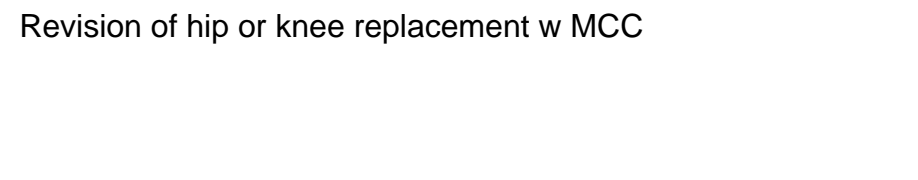
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC




Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$14082.00 \*



\$15320.00 \*

\$23612.00 \*



\$23840.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100231	WEST FLORIDA HOSPITAL	8383 N DAVIS HIGHWAY
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100231	WEST FLORIDA HOSPITAL	8383 N DAVIS HIGHWAY
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100232	PUTNAM COMMUNITY MEDICAL CENTER	611 ZEAGLER DR
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100234	COLUMBIA HOSPITAL	2201 45TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

PENSACOLA FL

PENSACOLA FL

PALATKA FL

WEST PALM  
BEACH FL



# knee

Based on Hospital Medicare Payment And Volume Measures

32514	ESCAMBIA	8504944000
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32514	ESCAMBIA	8504944000
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32177	PUTNAM	3863268500
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33407	PALM BEACH	5618446141
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

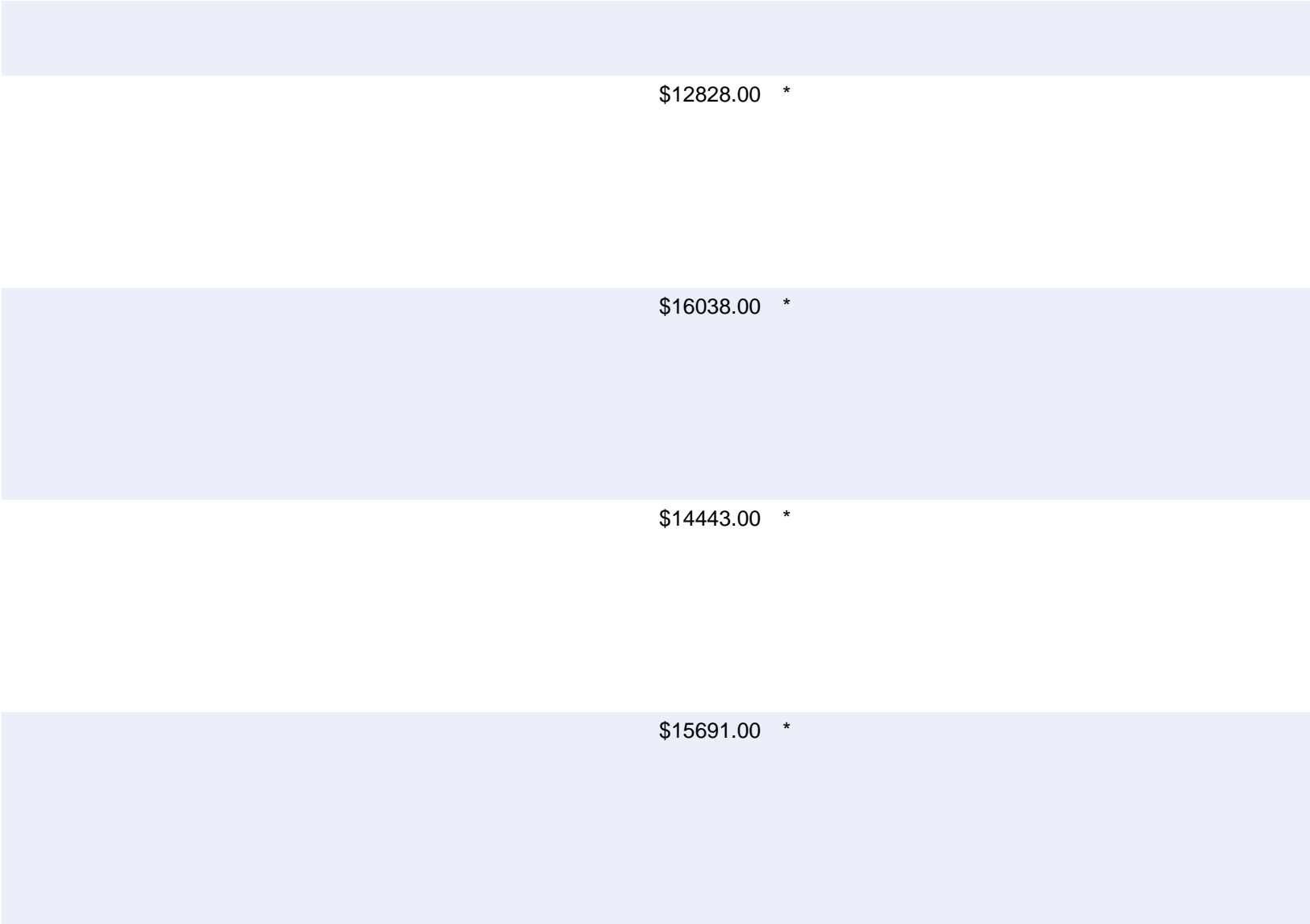
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$12828.00 *
2	\$16038.00 *
3	\$14443.00 *
4	\$15691.00 *

\$12828.00 \*

\$16038.00 \*

\$14443.00 \*

\$15691.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100234	COLUMBIA HOSPITAL	2201 45TH ST
--------	-------------------	--------------

100234	COLUMBIA HOSPITAL	2201 45TH ST
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100236	FAWCETT MEMORIAL HOSPITAL	21298 OLEAN BLVD
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100236	FAWCETT MEMORIAL HOSPITAL	21298 OLEAN BLVD
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100236	FAWCETT MEMORIAL HOSPITAL	21298 OLEAN BLVD
--------	---------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

WEST PALM  
BEACH FL

WEST PALM  
BEACH FL

PORT  
CHARLOTTE FL

PORT  
CHARLOTTE FL

PORT  
CHARLOTTE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33407	PALM BEACH	5618446141
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33407	PALM BEACH	5618446141
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33952	CHARLOTTE	9416291181
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33952	CHARLOTTE	9416291181
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33952	CHARLOTTE	9416291181
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$30129.00 \*

\$459.00 \*

\$16628.00

11

\$21664.00 \*

\$13300.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100238	NORTHSIDE HOSPITAL	6000 49TH STREET N
--------	--------------------	--------------------

100238	NORTHSIDE HOSPITAL	6000 49TH STREET N
--------	--------------------	--------------------

100239	EDWARD WHITE HOSPITAL	2323 9TH AVE N
--------	-----------------------	----------------

100239	EDWARD WHITE HOSPITAL	2323 9TH AVE N
--------	-----------------------	----------------

100239	EDWARD WHITE HOSPITAL	2323 9TH AVE N
--------	-----------------------	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

SAINT  
PETERSBURG FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33709	PINELLAS	8135215000
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33709	PINELLAS	8135215000
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33713	PINELLAS	7273231111
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33713	PINELLAS	7273231111
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33713	PINELLAS	7273231111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1152.00 \*

\$17751.00 \*

\$13659.00 \*

\$9932.00 \*

\$13212.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

100242	GULF COAST MEDICAL CENTER	449 W 23RD ST
100242	GULF COAST MEDICAL CENTER	449 W 23RD ST
100242	GULF COAST MEDICAL CENTER	449 W 23RD ST
100243	BRANDON REGIONAL HOSPITAL	119 OAKFIELD DR
100243	BRANDON REGIONAL HOSPITAL	119 OAKFIELD DR

# knee

Based on Hospital Medicare Payment And Volume Measures

PANAMA CITY FL

PANAMA CITY FL

PANAMA CITY FL

BRANDON FL

BRANDON FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32405	BAY	8507477926
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32405	BAY	8507477926
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32405	BAY	8507477926
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33511	HILLSBOROUGH	8136815551
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33511	HILLSBOROUGH	8136815551
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14119.00	16
	\$24406.00 *	
	\$17651.00 *	
	\$14725.00 *	
	\$13905.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

100243	BRANDON REGIONAL HOSPITAL	119 OAKFIELD DR
100244	CAPE CORAL HOSPITAL	636 DEL PRADO BLVD
100244	CAPE CORAL HOSPITAL	636 DEL PRADO BLVD
100244	CAPE CORAL HOSPITAL	636 DEL PRADO BLVD
100248	LARGO MEDICAL CENTER	201 14TH ST SW
100248	LARGO MEDICAL CENTER	201 14TH ST SW
100249	SEVEN RIVERS REGIONAL MEDICAL CENTER	6201 N SUNCOAST BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

BRANDON FL

CAPE CORAL FL

CAPE CORAL FL

CAPE CORAL FL

LARGO FL

LARGO FL

CRYSTAL RIVER FL



# knee

Based on Hospital Medicare Payment And Volume Measures

33511	HILLSBOROUGH	8136815551
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33990	LEE	2395742323
33990	LEE	2395742323

33990	LEE	2395742323
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33770	PINELLAS	7275885200
33770	PINELLAS	7275885200
34428	CITRUS	3527956560

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14134.00 \*

\$13183.00	23
------------	----

\$24445.00 \*

\$16481.00 \*

\$12756.00	37
------------	----

\$15948.00	20
------------	----

\$16304.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

100249	SEVEN RIVERS REGIONAL MEDICAL CENTER	6201 N SUNCOAST BLVD
100249	SEVEN RIVERS REGIONAL MEDICAL CENTER	6201 N SUNCOAST BLVD
100253	JUPITER MEDICAL CENTER	1210 S OLD DIXIE HIGHWAY
100253	JUPITER MEDICAL CENTER	1210 S OLD DIXIE HIGHWAY
100253	JUPITER MEDICAL CENTER	1210 S OLD DIXIE HIGHWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

CRYSTAL RIVER FL

CRYSTAL RIVER FL

JUPITER FL

JUPITER FL

JUPITER FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34428	CITRUS	3527956560
34428	CITRUS	3527956560
33458	PALM BEACH	5617472234
33458	PALM BEACH	5617472234
33458	PALM BEACH	5617472234

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13041.00

25

\$16383.00 \*

\$24778.00 \*

\$13611.00 \*

\$17016.00

14

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100254	CAPITAL REGIONAL MEDICAL CENTER	2626 CAPITAL MEDICAL BLVD
100254	CAPITAL REGIONAL MEDICAL CENTER	2626 CAPITAL MEDICAL BLVD
100255	TOWN & COUNTRY HOSPITAL	6001 WEBB RD
100255	TOWN & COUNTRY HOSPITAL	6001 WEBB RD
100255	TOWN & COUNTRY HOSPITAL	6001 WEBB RD

# knee

Based on Hospital Medicare Payment And Volume Measures

TALLAHASSEE FL

TALLAHASSEE FL

TAMPA FL

TAMPA FL

TAMPA FL

# knee

Based on Hospital Medicare Payment And Volume Measures

32308	LEON	8506565000
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32308	LEON	8506565000
-------	------	------------

33615	HILLSBOROUGH	8138827159
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33615	HILLSBOROUGH	8138827159
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33615	HILLSBOROUGH	8138827159
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14406.00 \*

\$26713.00 \*

\$30091.00 \*

\$7494.00 \*

\$17927.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100256	REGIONAL MEDICAL CENTER BAYONET POINT	14000 FIVAY ROAD
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100258	DELRAY MEDICAL CENTER	5352 LINTON BLVD
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100258	DELRAY MEDICAL CENTER	5352 LINTON BLVD
--------	-----------------------	------------------

100258	DELRAY MEDICAL CENTER	5352 LINTON BLVD
--------	-----------------------	------------------

100259	SOUTH BAY HOSPITAL	4016 SUN CITY CENTER BLVD
--------	--------------------	------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HUDSON FL

DELRAY BEACH FL

DELRAY BEACH FL

DELRAY BEACH FL

SUN CITY  
CENTER FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34667

PASCO

7278192929

33484

PALM BEACH

5614984440

33484

PALM BEACH

5614984440

33484

PALM BEACH

5614984440

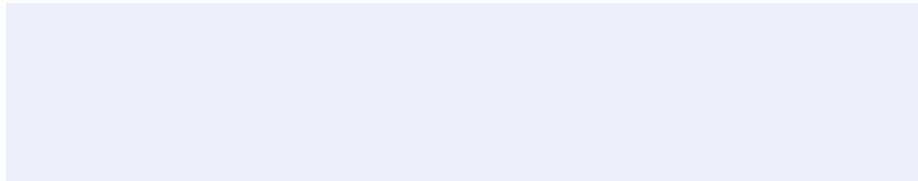
33573

HILLSBOROUGH

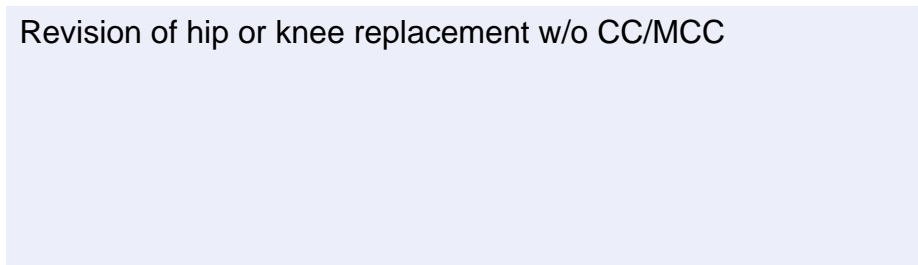
8136343301

# knee

Based on Hospital Medicare Payment And Volume Measures

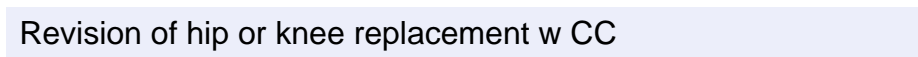


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

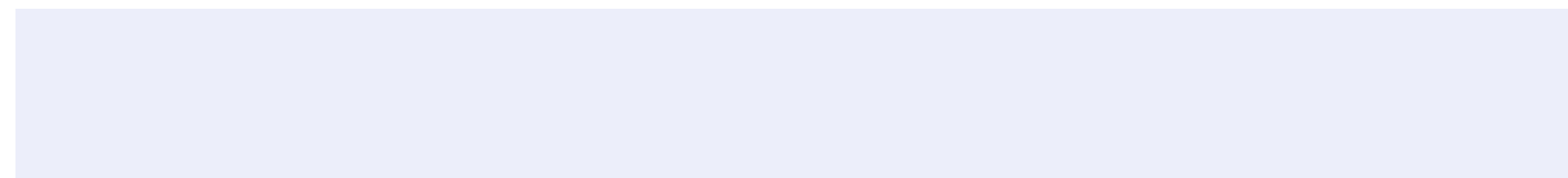


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$12760.00 \*



\$13618.00 \*



\$17025.00

25

\$15942.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100259

SOUTH BAY HOSPITAL

4016 SUN CITY CENTER  
BLVD

100259

SOUTH BAY HOSPITAL

4016 SUN CITY CENTER  
BLVD

100260

ST LUCIE MEDICAL CENTER

1800 SE TIFFANY AVE

100260

ST LUCIE MEDICAL CENTER

1800 SE TIFFANY AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SUN CITY  
CENTER FL

SUN CITY  
CENTER FL

PORT SAINT  
LUCIE FL

PORT SAINT  
LUCIE FL



# knee

Based on Hospital Medicare Payment And Volume Measures

33573

HILLSBOROUGH

8136343301

33573

HILLSBOROUGH

8136343301

34952

SAINT LUCIE

7723354000

34952

SAINT LUCIE

7723354000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21409.00 \*

\$12752.00 \*

\$13539.00 \*

\$23749.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

100260	ST LUCIE MEDICAL CENTER	1800 SE TIFFANY AVE
100264	OAK HILL HOSPITAL	11375 CORTEZ BLVD
100264	OAK HILL HOSPITAL	11375 CORTEZ BLVD
100264	OAK HILL HOSPITAL	11375 CORTEZ BLVD
100265	MEASE COUNTRYSIDE HOSPITAL	3231 MCMULLEN BOOTH RD
100265	MEASE COUNTRYSIDE HOSPITAL	3231 MCMULLEN BOOTH RD

# knee

Based on Hospital Medicare Payment And Volume Measures

PORT SAINT  
LUCIE FL

BROOKSVILLE FL

BROOKSVILLE FL

BROOKSVILLE FL

SAFETY HARBOR FL

SAFETY HARBOR FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34952	SAINT LUCIE	7723354000
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34613	HERNANDO	3525966632
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34613	HERNANDO	3525966632
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34613	HERNANDO	3525966632
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34695	PINELLAS	7277346950
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34695	PINELLAS	7277346950
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16927.00	15
	\$8504.00 *	
	\$19808.00 *	
	\$12749.00	12
	\$12754.00 *	
	\$1068.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

100265	MEASE COUNTRYSIDE HOSPITAL	3231 MCMULLEN BOOTH RD
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100266	GULF BREEZE HOSPITAL	1110 GULF BREEZE PKWY
100266	GULF BREEZE HOSPITAL	1110 GULF BREEZE PKWY

100267	ENGLEWOOD COMMUNITY HOSPITAL	700 MEDICAL BLVD
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100267	ENGLEWOOD COMMUNITY HOSPITAL	700 MEDICAL BLVD
--------	---------------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SAFETY HARBOR FL

GULF BREEZE FL

GULF BREEZE FL

ENGLEWOOD FL

ENGLEWOOD FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34695	PINELLAS	7277346950
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32561	SANTA ROSA	8509342000
-------	------------	------------

32561	SANTA ROSA	8509342000
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34223	SARASOTA	9414756571
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34223	SARASOTA	9414756571
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1046.00 \*

\$15538.00

14

\$12429.00 \*

\$11150.00 \*

\$24811.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

100267

ENGLEWOOD COMMUNITY  
HOSPITAL

700 MEDICAL BLVD

100268

WEST BOCA MEDICAL CENTER

21644 STATE RD 7

100268

WEST BOCA MEDICAL CENTER

21644 STATE RD 7

100269

PALMS WEST HOSPITAL

13001 SOUTHERN BLVD

100269

PALMS WEST HOSPITAL

13001 SOUTHERN BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

ENGLEWOOD FL

BOCA RATON FL

BOCA RATON FL

LOXAHATCHEE FL

LOXAHATCHEE FL

# knee

Based on Hospital Medicare Payment And Volume Measures

34223	SARASOTA	9414756571
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33428	PALM BEACH	5614888000
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33428	PALM BEACH	5614888000
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33470	PALM BEACH	5617534245
-------	------------	------------

33470	PALM BEACH	5617534245
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15334.00 \*

\$17928.00 \*

\$26592.00 \*

\$16250.00 \*

\$20316.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100275	WELLINGTON REGIONAL MEDICAL CENTER	10101 FOREST HILL BLVD
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100275	WELLINGTON REGIONAL MEDICAL CENTER	10101 FOREST HILL BLVD
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100275	WELLINGTON REGIONAL MEDICAL CENTER	10101 FOREST HILL BLVD
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100276	CORAL SPRINGS MEDICAL CENTER	3000 CORAL HILLS DRIVE
--------	------------------------------	------------------------

100276	CORAL SPRINGS MEDICAL CENTER	3000 CORAL HILLS DRIVE
--------	------------------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

WELLINGTON FL

WELLINGTON FL

WELLINGTON FL

CORAL SPRINGS FL

CORAL SPRINGS FL



# knee

Based on Hospital Medicare Payment And Volume Measures

33414	PALM BEACH	5617988500
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33414	PALM BEACH	5617988500
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33414	PALM BEACH	5617988500
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33065	BROWARD	9543443000
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33065	BROWARD	9543443000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18317.00 \*

\$29652.00 \*

\$15991.00

14

\$15388.00

12

\$18804.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100276	CORAL SPRINGS MEDICAL CENTER	3000 CORAL HILLS DRIVE
100281	MEMORIAL HOSPITAL WEST	703 N FLAMINGO ROAD
100286	PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE	6101 PINE RIDGE ROAD
100286	PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE	6101 PINE RIDGE ROAD
100286	PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE	6101 PINE RIDGE ROAD
100287	GOOD SAMARITAN MEDICAL	1309 N FLAGLER DR

# knee

Based on Hospital Medicare Payment And Volume Measures

CORAL SPRINGS FL

PEMBROKE PINES FL

NAPLES FL

NAPLES FL

NAPLES FL

WEST PALM FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33065	BROWARD	9543443000
33028	BROWARD	9544365000

34119	COLLIER	2393484000
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34119	COLLIER	2393484000
-------	---------	------------

34119	COLLIER	2393484000
-------	---------	------------

33401	PALM BEACH	5616555511
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19238.00	16
	\$8121.00 *	
	\$11195.00 *	
	\$16796.00 *	
	\$16833.00 *	
	\$22133.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

100287	GOOD SAMARITAN MEDICAL CENTER	1309 N FLAGLER DR
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100287	GOOD SAMARITAN MEDICAL CENTER	1309 N FLAGLER DR
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100288	ST MARY'S MEDICAL CENTER	901 45TH STREET
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100288	ST MARY'S MEDICAL CENTER	901 45TH STREET
--------	--------------------------	-----------------

100288	ST MARY'S MEDICAL CENTER	901 45TH STREET
--------	--------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

BEACH

WEST PALM  
BEACH FL

WEST PALM  
BEACH FL

WEST PALM  
BEACH FL

WEST PALM  
BEACH FL

WEST PALM FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33401	PALM BEACH	5616555511
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33401	PALM BEACH	5616555511
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33407	PALM BEACH	5618406202
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33407	PALM BEACH	5618406202
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33407	PALM BEACH	5618406202
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17799.00 \*

\$14331.00 \*

\$18630.00

16

\$23291.00 \*

\$23342.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100289	CLEVELAND CLINIC HOSPITAL	3100 WESTON RD
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100289	CLEVELAND CLINIC HOSPITAL	3100 WESTON RD
--------	---------------------------	----------------

100289	CLEVELAND CLINIC HOSPITAL	3100 WESTON RD
--------	---------------------------	----------------

100290	VILLAGES REGIONAL HOSPITAL THE	1451 EL CAMINO REAL
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100291	WUESTHOFF MEDICAL CENTER - MELBOURNE	250 NORTH WICKHAM ROAD
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100292	SACRED HEART HOSPITAL ON THE	7800 US HWY 98 W
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# knee

Based on Hospital Medicare Payment And Volume Measures

BEACH

WESTON FL

WESTON FL

WESTON FL

THE VILLAGES FL

MELBOURNE FL

MIRAMAR BEACH FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33331	BROWARD	9546895000
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33331	BROWARD	9546895000
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33331	BROWARD	9546895000
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32159	SUMTER	3527518000
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32935	BREVARD	3217521200
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32550	WALTON	8502783600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13946.00 \*

\$1326.00	13
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\$12295.00	11
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\$22300.00 *	
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\$8934.00 \*

\$12425.00 *	
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# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

EMERALD COAST		
100292	SACRED HEART HOSPITAL ON THE EMERALD COAST	7800 US HWY 98 W
100292	SACRED HEART HOSPITAL ON THE EMERALD COAST	7800 US HWY 98 W
100296	DOCTORS HOSPITAL INC	5000 UNIVERSITY DR
100296	DOCTORS HOSPITAL INC	5000 UNIVERSITY DR

# knee

Based on Hospital Medicare Payment And Volume Measures



MIRAMAR BEACH FL

MIRAMAR BEACH FL

CORAL GABLES FL

CORAL GABLES FL



# knee

Based on Hospital Medicare Payment And Volume Measures

32550

WALTON

8502783600

32550

WALTON

8502783600

33146

MIAMI-DADE

3056662111

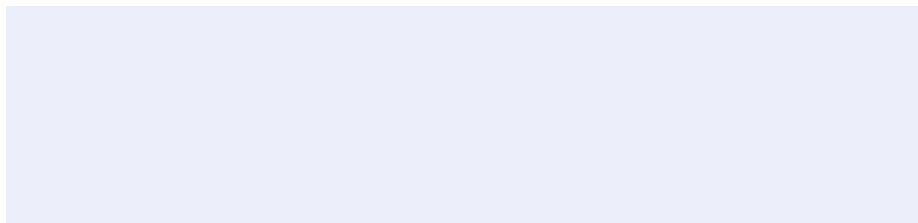
33146

MIAMI-DADE

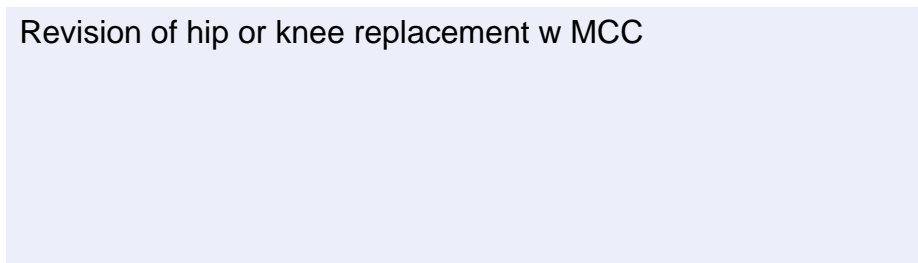
3056662111

# knee

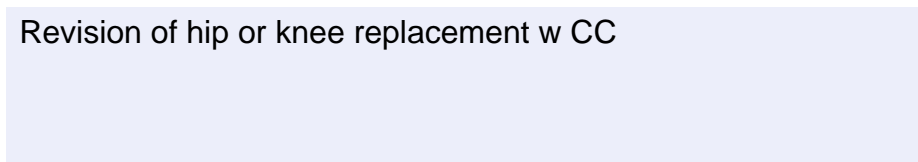
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



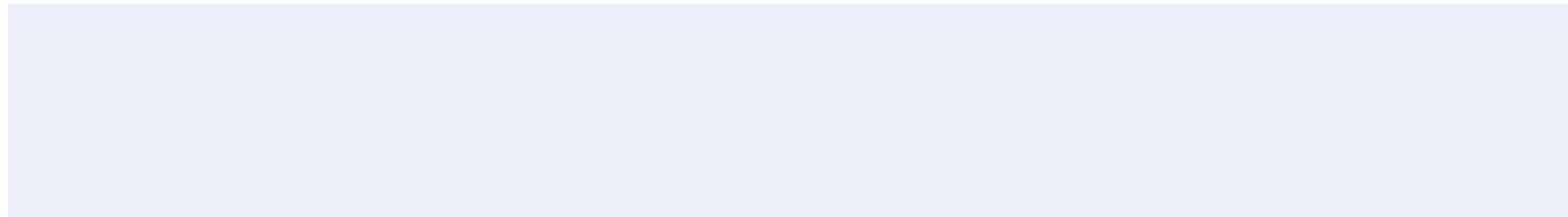
Revision of hip or knee replacement w MCC



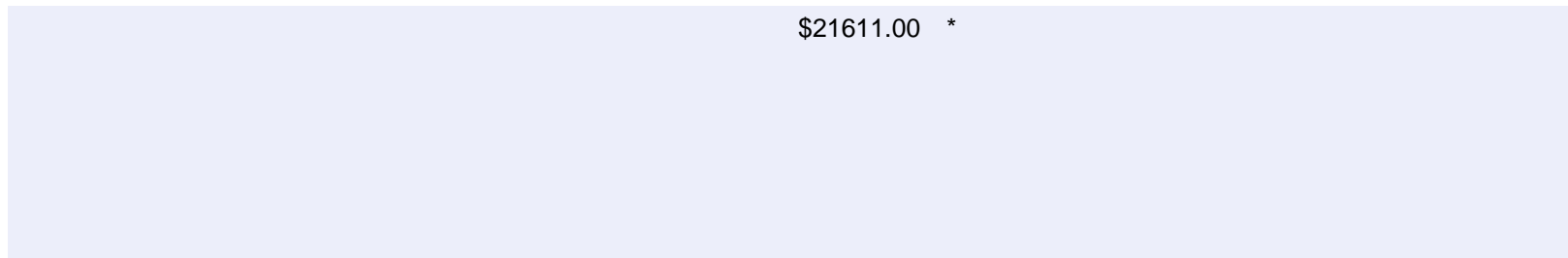
Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$12945.00 \*



\$21611.00 \*



\$31068.00 \*

\$73.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

100296	DOCTORS HOSPITAL INC	5000 UNIVERSITY DR
100299	LAKWOOD RANCH MEDICAL CENTER	8330 LAKWOOD RANCH BOULEVARD
100299	LAKWOOD RANCH MEDICAL CENTER	8330 LAKWOOD RANCH BOULEVARD
100299	LAKWOOD RANCH MEDICAL CENTER	8330 LAKWOOD RANCH BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

CORAL GABLES FL

BRADENTON FL

BRADENTON FL

BRADENTON FL

# knee

Based on Hospital Medicare Payment And Volume Measures

33146	MIAMI-DADE	3056662111
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34202	MANATEE	9417822100
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34202	MANATEE	9417822100
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34202	MANATEE	9417822100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16004.00 \*

\$17296.00 \*

\$24071.00 \*

\$30538.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

100307	ST LUKE'S HOSPITAL	4201 BELFORT ROAD
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100307	ST LUKE'S HOSPITAL	4201 BELFORT ROAD
--------	--------------------	-------------------

110001	HAMILTON MEDICAL CENTER	1200 MEMORIAL DRIVE
--------	-------------------------	---------------------

110001	HAMILTON MEDICAL CENTER	1200 MEMORIAL DRIVE
--------	-------------------------	---------------------

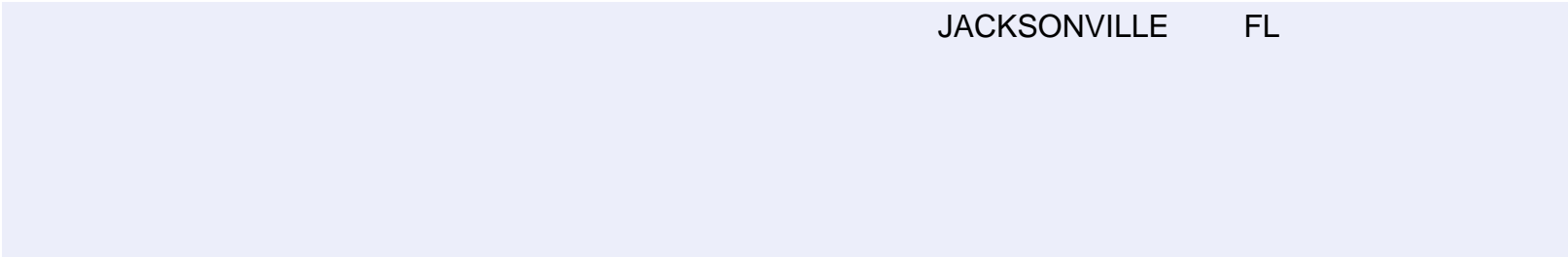
110001	HAMILTON MEDICAL CENTER	1200 MEMORIAL DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures



JACKSONVILLE FL



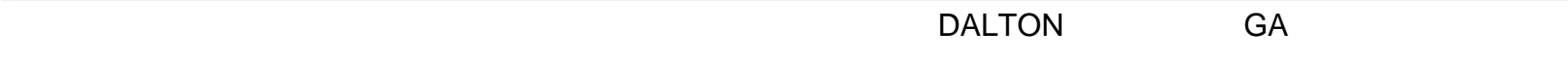
JACKSONVILLE FL



DALTON GA



DALTON GA



DALTON GA

# knee

Based on Hospital Medicare Payment And Volume Measures

32216

DUVAL

9042963700

32216

DUVAL

9042963700

30720

WHITFIELD

7062726105

30720

WHITFIELD

7062726105

30720

WHITFIELD

7062726105

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$12813.00 \*

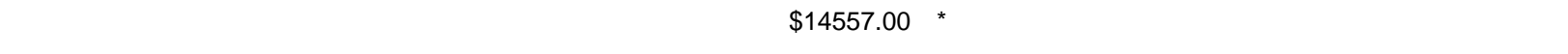


\$24271.00 \*



\$21887.00 \*

\$18199.00 \*



\$14557.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110002	UPSON REGIONAL MEDICAL CENTER	801 W GORDON STREET
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110002	UPSON REGIONAL MEDICAL CENTER	801 W GORDON STREET
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110003	SATILLA REGIONAL MEDICAL CENTER	410 DARLING AVENUE
--------	------------------------------------	--------------------

110003	SATILLA REGIONAL MEDICAL CENTER	410 DARLING AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

THOMASTON GA

THOMASTON GA

WAYCROSS GA

WAYCROSS GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30286

UPSON

7066478111

30286

UPSON

7066478111

31501

WARE

9122872500

31501

WARE

9122872500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16011.00 \*

\$20017.00 \*

\$17372.00 \*

\$24376.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110003	SATILLA REGIONAL MEDICAL CENTER	410 DARLING AVENUE
--------	------------------------------------	--------------------

110004	HUTCHESON MEDICAL CENTER	100 GROSS CRESCENT
--------	--------------------------	--------------------

110005	NORTHSIDE HOSPITAL FORSYTH	1200 NORTHSIDE FORSYTH DRIVE
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110005	NORTHSIDE HOSPITAL FORSYTH	1200 NORTHSIDE FORSYTH DRIVE
--------	----------------------------	---------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

WAYCROSS

GA

FORT  
OGLETHORPE

GA

CUMMING

GA

CUMMING

GA



# knee

Based on Hospital Medicare Payment And Volume Measures

31501	WARE	9122872500
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30742	CATOOSA	7068582101
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30041	FORSYTH	4048518700
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30041	FORSYTH	4048518700
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13895.00 \*

\$18487.00 \*

\$15336.00 \*

\$24814.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110005	NORTHSIDE HOSPITAL FORSYTH	1200 NORTHSIDE FORSYTH DRIVE
110006	ST MARY'S HOSPITAL	1230 BAXTER STREET
110006	ST MARY'S HOSPITAL	1230 BAXTER STREET
110006	ST MARY'S HOSPITAL	1230 BAXTER STREET
110007	PHOEBE PUTNEY MEMORIAL HOSPITAL	417 THIRD AVENUE
110007	PHOEBE PUTNEY MEMORIAL HOSPITAL	417 THIRD AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CUMMING	GA
---------	----

ATHENS	GA
--------	----

ATHENS	GA
--------	----

ATHENS	GA
--------	----

ALBANY	GA
--------	----

ALBANY	GA
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

30041	FORSYTH	4048518700
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30606	CLARKE	7063893930
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30606	CLARKE	7063893930
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30606	CLARKE	7063893930
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31703	DOUGHERTY	2293124053
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31703	DOUGHERTY	2293124053
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$11152.00 \*

\$14538.00

43

\$27010.00 \*

\$18211.00

17

\$19170.00 \*

\$31099.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110007	PHOEBE PUTNEY MEMORIAL HOSPITAL	417 THIRD AVENUE
--------	------------------------------------	------------------

110008	NORTHSIDE HOSPITAL CHEROKEE	201 HOSPITAL ROAD
--------	-----------------------------	-------------------

110008	NORTHSIDE HOSPITAL CHEROKEE	201 HOSPITAL ROAD
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110010	EMORY UNIVERSITY HOSPITAL	1364 CLIFTON ROAD, NE
110010	EMORY UNIVERSITY HOSPITAL	1364 CLIFTON ROAD, NE

# knee

Based on Hospital Medicare Payment And Volume Measures

ALBANY

GA

CANTON

GA

CANTON

GA

ATLANTA

GA

ATLANTA

GA

# knee

Based on Hospital Medicare Payment And Volume Measures

31703	DOUGHERTY	2293124053
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30114	CHEROKEE	7707205298
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30114	CHEROKEE	7707205298
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30322	DEKALB	4046868500
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30322	DEKALB	4046868500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16771.00 \*

\$14865.00 \*

\$18334.00 \*

\$21660.00

43

\$32126.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110010	EMORY UNIVERSITY HOSPITAL	1364 CLIFTON ROAD, NE
110011	TANNER MEDICAL CENTER - CARROLLTON	705 DIXIE STREET
110011	TANNER MEDICAL CENTER - CARROLLTON	705 DIXIE STREET
110016	WEST GEORGIA MEDICAL CENTER	1514 VERNON ROAD
110016	WEST GEORGIA MEDICAL CENTER	1514 VERNON ROAD
110018	NEWTON MEDICAL CENTER	5126 HOSPITAL DRIVE NE

# knee

Based on Hospital Medicare Payment And Volume Measures

ATLANTA	GA
---------	----

CARROLLTON	GA
------------	----

CARROLLTON	GA
------------	----

LAGRANGE	GA
----------	----

LAGRANGE	GA
----------	----

COVINGTON	GA
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

30322	DEKALB	4046868500
30117	CARROLL	7708369580

30117	CARROLL	7708369580
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30240	TROUP	7068821411
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30240	TROUP	7068821411
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30014	NEWTON	7707867053
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17352.00	26
	\$14880.00 *	
	\$18262.00 *	
	\$11345.00 *	
	\$27806.00 *	
	\$9694.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

110023	GORDON HOSPITAL	1035 RED BUD ROAD
--------	-----------------	-------------------

110025	SOUTHEAST GEORGIA HEALTH SYSTEM- BRUNSWICK CAMPUS	2415 PARKWOOD DRIVE
110025	SOUTHEAST GEORGIA HEALTH SYSTEM- BRUNSWICK CAMPUS	2415 PARKWOOD DRIVE

110028	UNIVERSITY HOSPITAL	1350 WALTON WAY
110028	UNIVERSITY HOSPITAL	1350 WALTON WAY
110028	UNIVERSITY HOSPITAL	1350 WALTON WAY

# knee

Based on Hospital Medicare Payment And Volume Measures

CALHOUN	GA
---------	----

BRUNSWICK	GA
-----------	----

BRUNSWICK	GA
-----------	----

AUGUSTA	GA
---------	----

AUGUSTA	GA
---------	----

AUGUSTA	GA
---------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

30701	GORDON	7066292895
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31520	GLYNN	9124667000
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31520	GLYNN	9124667000
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30901	RICHMOND	7067229011
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30901	RICHMOND	7067229011
-------	----------	------------

30901	RICHMOND	7067229011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24703.00 \*

\$15785.00	15
------------	----

\$30100.00 \*

\$14846.00	13
------------	----

\$18560.00	13
------------	----

\$26041.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

110029	NORTHEAST GEORGIA MEDICAL CENTER, INC	743 SPRING STREET
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110029	NORTHEAST GEORGIA MEDICAL CENTER, INC	743 SPRING STREET
--------	--	-------------------

110029	NORTHEAST GEORGIA MEDICAL CENTER, INC	743 SPRING STREET
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110030	CARTERSVILLE MEDICAL CENTER	960 JOE FRANK HARRIS PARKWAY
--------	-----------------------------	---------------------------------

110030	CARTERSVILLE MEDICAL CENTER	960 JOE FRANK HARRIS PARKWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

GAINESVILLE	GA
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GAINESVILLE	GA
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GAINESVILLE	GA
-------------	----

CARTERSVILLE	GA
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CARTERSVILLE	GA
--------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

30501	HALL	7705353553
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30501	HALL	7705353553
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30501	HALL	7705353553
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30120	BARTOW	7703878182
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30120	BARTOW	7703878182
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23087.00 \*

\$18608.00

12

\$14895.00 \*

\$13523.00 \*

\$18195.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110031	SPALDING REGIONAL MEDICAL CENTER	601 SOUTH 8TH STREET
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110031	SPALDING REGIONAL MEDICAL CENTER	601 SOUTH 8TH STREET
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110032	STEPHENS COUNTY HOSPITAL	163 HOSPITAL DRIVE
--------	--------------------------	--------------------

110032	STEPHENS COUNTY HOSPITAL	163 HOSPITAL DRIVE
--------	--------------------------	--------------------

110034	MEDICAL COLLEGE OF GA	1120 15TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

GRIFFIN

GA

GRIFFIN

GA

TOCCOA

GA

TOCCOA

GA

AUGUSTA

GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30223

SPALDING

7702282721

30223

SPALDING

7702282721

30577

STEPHENS

7062824250

30577

STEPHENS

7062824250

30912

RICHMOND

7067216569

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19398.00 \*

\$15516.00 \*

\$13267.00 \*

\$24186.00 \*

\$26632.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITALS AND CLINICS

110034	MEDICAL COLLEGE OF GA HOSPITALS AND CLINICS	1120 15TH STREET
110035	WELLSTAR KENNESTONE HOSPITAL	677 CHURCH STREET
110035	WELLSTAR KENNESTONE HOSPITAL	677 CHURCH STREET
110035	WELLSTAR KENNESTONE HOSPITAL	677 CHURCH STREET
110036	MEMORIAL HEALTH UNIV MED CEN, INC	4700 WATERS AVENUE
110036	MEMORIAL HEALTH UNIV MED CEN,	4700 WATERS AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

AUGUSTA GA

MARIETTA GA

MARIETTA GA

MARIETTA GA

SAVANNAH GA

SAVANNAH GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30912	RICHMOND	7067216569
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30060	COBB	7707935000
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30060	COBB	7707935000
-------	------	------------

30060	COBB	7707935000
-------	------	------------

31403	CHATHAM	9123508000
-------	---------	------------

31403	CHATHAM	9123508000
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12548.00 \*

\$14221.00	37
------------	----

\$17522.00	15
------------	----

\$23717.00 *	
--------------	--

\$31308.00 \*

\$21047.00	31
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

	INC	
110036	MEMORIAL HEALTH UNIV MED CEN, INC	4700 WATERS AVENUE
110038	JOHN D ARCHBOLD MEMORIAL HOSPITAL	915 GORDON AVENUE & MIMOSA DRIVE
110038	JOHN D ARCHBOLD MEMORIAL HOSPITAL	915 GORDON AVENUE & MIMOSA DRIVE
110039	TRINITY HOSPITAL OF AUGUSTA	2260 WRIGHTSBORO RD
110039	TRINITY HOSPITAL OF AUGUSTA	2260 WRIGHTSBORO RD

# knee

Based on Hospital Medicare Payment And Volume Measures

SAVANNAH	GA
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THOMASVILLE	GA
-------------	----

THOMASVILLE	GA
-------------	----

AUGUSTA	GA
---------	----

AUGUSTA	GA
---------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

31403	CHATHAM	9123508000
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31792	THOMAS	2292282880
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31792	THOMAS	2292282880
-------	--------	------------

30904	RICHMOND	7064817000
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30904	RICHMOND	7064817000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16816.00	14
	\$14172.00 *	
	\$17718.00 *	
	\$15024.00 *	
	\$14382.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

110041	HABERSHAM COUNTY MEDICAL CTR	541 HISTORIC HIGHWAY 441-NORTH
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110041	HABERSHAM COUNTY MEDICAL CTR	541 HISTORIC HIGHWAY 441-NORTH
--------	------------------------------	-----------------------------------

110041	HABERSHAM COUNTY MEDICAL CTR	541 HISTORIC HIGHWAY 441-NORTH
--------	------------------------------	-----------------------------------

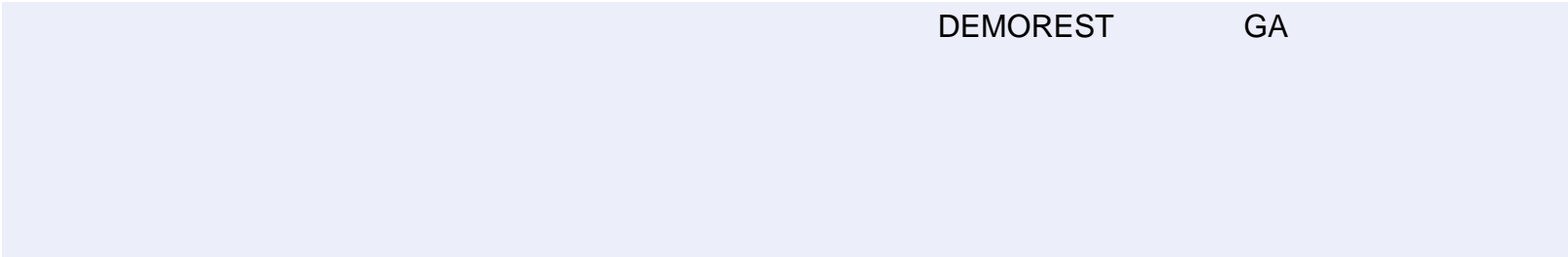
110042	WELLSTAR PAULDING HOSPITAL	600 W MEMORIAL DR
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110042	WELLSTAR PAULDING HOSPITAL	600 W MEMORIAL DR
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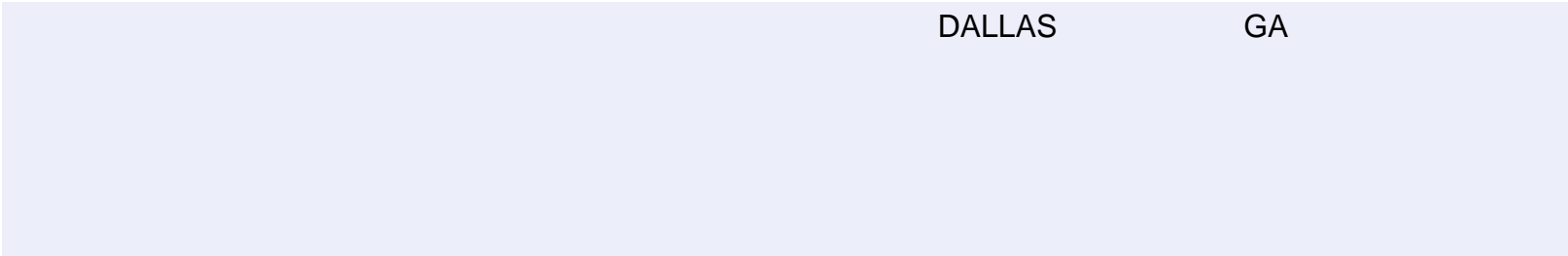
# knee

Based on Hospital Medicare Payment And Volume Measures

DEMOREST GA



DEMOREST GA



DALLAS GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30535

HABERSHAM

7067542161

30535

HABERSHAM

7067542161

30535

HABERSHAM

7067542161

30132

PAULDING

7704454411

30132

PAULDING

7704454411

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14627.00 \*

\$18286.00 \*

\$10759.00 \*

\$24814.00 \*

\$16730.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110042	WELLSTAR PAULDING HOSPITAL	600 W MEMORIAL DR
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110043	ST JOSEPH'S HOSPITAL - SAVANNAH	11705 MERCY BOULEVARD
--------	------------------------------------	-----------------------

110043	ST JOSEPH'S HOSPITAL - SAVANNAH	11705 MERCY BOULEVARD
--------	------------------------------------	-----------------------

110043	ST JOSEPH'S HOSPITAL - SAVANNAH	11705 MERCY BOULEVARD
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110054	FLOYD MEDICAL CENTER	304 TURNER MCCALL BLVD P O BOX 233
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# knee

Based on Hospital Medicare Payment And Volume Measures

DALLAS

GA

SAVANNAH

GA

SAVANNAH

GA

SAVANNAH

GA

ROME

GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30132	PAULDING	7704454411
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31419	CHATHAM	9128194100
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31419	CHATHAM	9128194100
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31419	CHATHAM	9128194100
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30162	FLOYD	7065096900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13382.00 \*

\$13128.00	32
------------	----

\$16370.00	13
------------	----

\$24242.00 \*

\$31960.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

110054	FLOYD MEDICAL CENTER	304 TURNER MCCALL BLVD P O BOX 233
110054	FLOYD MEDICAL CENTER	304 TURNER MCCALL BLVD P O BOX 233
110069	HOUSTON MEDICAL CENTER	1601 WATSON BOULEVARD
110069	HOUSTON MEDICAL CENTER	1601 WATSON BOULEVARD
110069	HOUSTON MEDICAL CENTER	1601 WATSON BOULEVARD
110074	ATHENS REGIONAL MEDICAL CENTER	1199 PRINCE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

ROME GA

ROME GA

WARNER ROBINS GA

WARNER ROBINS GA

WARNER ROBINS GA

ATHENS GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30162	FLOYD	7065096900
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30162	FLOYD	7065096900
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31093	HOUSTON	4789224281
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31093	HOUSTON	4789224281
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31093	HOUSTON	4789224281
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30606	CLARKE	7064757000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21407.00	24
	\$17323.00	24
	\$18326.00 *	
	\$27181.00 *	
	\$14658.00 *	
	\$14744.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

110074	ATHENS REGIONAL MEDICAL CENTER	1199 PRINCE AVENUE
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110074	ATHENS REGIONAL MEDICAL CENTER	1199 PRINCE AVENUE
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110075	EAST GEORGIA REGIONAL MEDICAL CENTER	1499 FAIR ROAD
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110075	EAST GEORGIA REGIONAL MEDICAL CENTER	1499 FAIR ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

ATHENS

GA

ATHENS

GA

STATESBORO

GA

STATESBORO

GA



# knee

Based on Hospital Medicare Payment And Volume Measures

30606	CLARKE	7064757000
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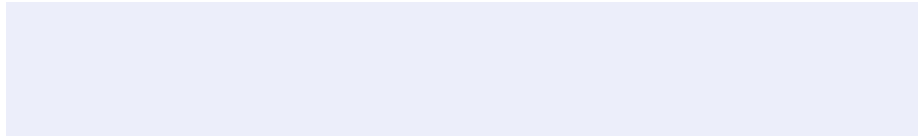
30606	CLARKE	7064757000
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30458	BULLOCH	9124861500
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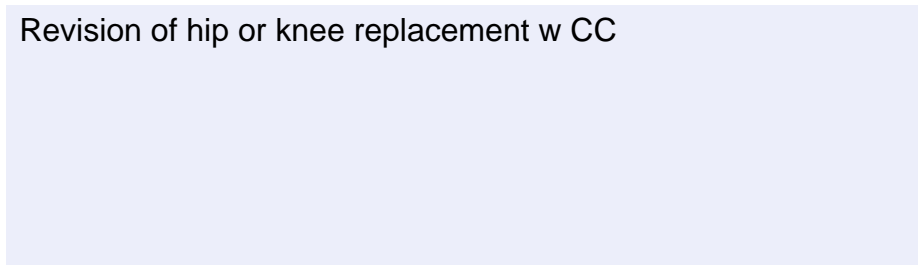
30458	BULLOCH	9124861500
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# knee

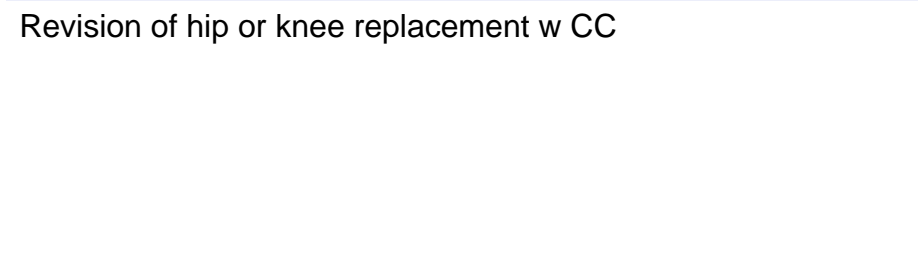
Based on Hospital Medicare Payment And Volume Measures



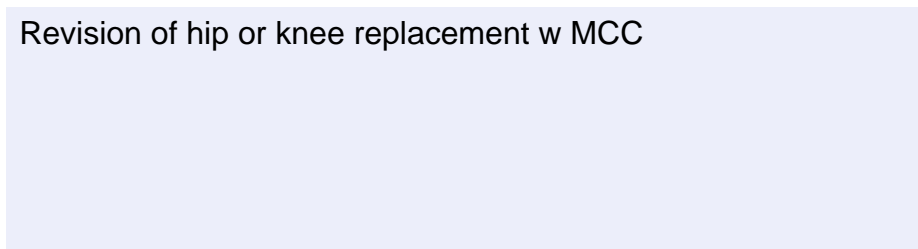
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27305.00 \*

\$18422.00 \*

\$19934.00 \*

\$19843.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

110075	EAST GEORGIA REGIONAL MEDICAL CENTER	1499 FAIR ROAD
110076	DEKALB MEDICAL CENTER	2701 N DECATUR ROAD
110076	DEKALB MEDICAL CENTER	2701 N DECATUR ROAD
110076	DEKALB MEDICAL CENTER	2701 N DECATUR ROAD
110078	EMORY UNIVERSITY HOSPITAL MIDTOWN	550 PEACHTREE ST NE
110078	EMORY UNIVERSITY HOSPITAL MIDTOWN	550 PEACHTREE ST NE

# knee

Based on Hospital Medicare Payment And Volume Measures

STATESBORO	GA
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DECATUR	GA
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DECATUR	GA
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DECATUR	GA
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ATLANTA	GA
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ATLANTA	GA
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# knee

Based on Hospital Medicare Payment And Volume Measures

30458	BULLOCH	9124861500
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30033	DEKALB	4045011000
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30033	DEKALB	4045011000
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30033	DEKALB	4045011000
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30308	FULTON	4046864411
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30308	FULTON	4046864411
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15945.00 \*

\$16237.00

11

\$16329.00 \*

\$20260.00 \*

\$21729.00

14

\$32282.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

110078	EMORY UNIVERSITY HOSPITAL MIDTOWN	550 PEACHTREE ST NE
110082	SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC	5665 PEACHTREE DUNWOODY ROAD
110082	SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC	5665 PEACHTREE DUNWOODY ROAD
110082	SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC	5665 PEACHTREE DUNWOODY ROAD
110083	PIEDMONT HOSPITAL	1968 PEACHTREE RD NW
110083	PIEDMONT HOSPITAL	1968 PEACHTREE RD NW
110083	PIEDMONT HOSPITAL	1968 PEACHTREE RD NW
110083	PIEDMONT HOSPITAL	1968 PEACHTREE RD NW

# knee

Based on Hospital Medicare Payment And Volume Measures

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ATLANTA	GA
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ATLANTA	GA
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ATLANTA	GA
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ATLANTA	GA
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ATLANTA	GA
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ATLANTA	GA
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ATLANTA	GA
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# knee

Based on Hospital Medicare Payment And Volume Measures

30308	FULTON	4046864411
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30342	FULTON	6788435720
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30342	FULTON	6788435720
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30342	FULTON	6788435720
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30309	FULTON	4046055000
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30309	FULTON	4046055000
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30309	FULTON	4046055000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17384.00 *	
	\$23791.00 *	
	\$16747.00	30
	\$13395.00	29
	\$13482.00 *	
	\$16855.00	53
	\$25000.00	14

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110087	GWINNETT MEDICAL CENTER	1000 MEDICAL CENTER BOULEVARD
110087	GWINNETT MEDICAL CENTER	1000 MEDICAL CENTER BOULEVARD
110087	GWINNETT MEDICAL CENTER	1000 MEDICAL CENTER BOULEVARD
110091	ROCKDALE MEDICAL CENTER	1412 MILSTEAD AVENUE, NE
110092	DODGE COUNTY HOSPITAL	901 GRIFFIN AVE
110095	TIFT REGIONAL MEDICAL CENTER	901 E 18TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

LAWRENCEVILLE GA

LAWRENCEVILLE GA

LAWRENCEVILLE GA

CONYERS GA

EASTMAN GA

TIFTON GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30045	GWINNETT	6784424310
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30045	GWINNETT	6784424310
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30045	GWINNETT	6784424310
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30012	ROCKDALE	7709183000
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31023	DODGE	4784484067
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31793	TIFT	2293827120
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15036.00

11

\$27882.00 \*

\$18798.00

18

\$19935.00 \*

\$13588.00 \*

\$14786.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

110095	TIFT REGIONAL MEDICAL CENTER	901 E 18TH STREET
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110095	TIFT REGIONAL MEDICAL CENTER	901 E 18TH STREET
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110105	COLQUITT REGIONAL MEDICAL CENTER	3131 THOMASVILLE HWY BOX 40
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110105	COLQUITT REGIONAL MEDICAL CENTER	3131 THOMASVILLE HWY BOX 40
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# knee

Based on Hospital Medicare Payment And Volume Measures

TIFTON

GA

TIFTON

GA

MOULTRIE

GA

MOULTRIE

GA



# knee

Based on Hospital Medicare Payment And Volume Measures

31793	TIFT	2293827120
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31793	TIFT	2293827120
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31768	COLQUITT	2299853420
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31768	COLQUITT	2299853420
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18461.00 \*

\$27418.00 \*

\$14277.00 \*

\$16534.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

110107	MEDICAL CENTER OF CENTRAL GEORGIA	777 HEMLOCK STREET
110107	MEDICAL CENTER OF CENTRAL GEORGIA	777 HEMLOCK STREET
110107	MEDICAL CENTER OF CENTRAL GEORGIA	777 HEMLOCK STREET
110115	ATLANTA MEDICAL CENTER	303 PARKWAY DR NE
110115	ATLANTA MEDICAL CENTER	303 PARKWAY DR NE
110122	SOUTH GEORGIA MEDICAL CENTER	2501 NORTH PATTERSON STREET
110122	SOUTH GEORGIA MEDICAL CENTER	2501 NORTH PATTERSON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

MACON	GA
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MACON	GA
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MACON	GA
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ATLANTA	GA
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ATLANTA	GA
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VALDOSTA	GA
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VALDOSTA	GA
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

31201	BIBB	4786336805
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31201	BIBB	4786336805
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31201	BIBB	4786336805
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30312	FULTON	4042654000
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30312	FULTON	4042654000
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31603	LOWNDES	2293331020
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31603	LOWNDES	2293331020
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17795.00	30
	\$11647.00 *	
	\$16976.00	22
	\$19410.00	11
	\$24266.00 *	
	\$14277.00 *	
	\$26474.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

STREET

110124	WAYNE MEMORIAL HOSPITAL	865 SOUTH FIRST STREET
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110128	MEADOWS REGIONAL MEDICAL CENTER INC	1703 MEADOWS LN
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110128	MEADOWS REGIONAL MEDICAL CENTER INC	1703 MEADOWS LN
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110129	ST FRANCIS HOSPITAL, INC	2122 MANCHESTER EXPRESSWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

JESUP

GA

VIDALIA

GA

VIDALIA

GA

COLUMBUS

GA

# knee

Based on Hospital Medicare Payment And Volume Measures

31545

WAYNE

9125303302

30474

TOOMBS

9125378921

30474

TOOMBS

9125378921

31995

MUSCOGEE

7065964020

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15114.00 \*

\$12820.00 \*

\$33397.00 \*

\$14670.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

110129	ST FRANCIS HOSPITAL, INC	2122 MANCHESTER EXPRESSWAY
110129	ST FRANCIS HOSPITAL, INC	2122 MANCHESTER EXPRESSWAY
110132	MEMORIAL HOSPITAL AND MANOR	1500 E SHOTWELL STREET
110135	TAYLOR REGIONAL HOSPITAL	1297 MACON HIGHWAY
110135	TAYLOR REGIONAL HOSPITAL	1297 MACON HIGHWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBUS GA

COLUMBUS GA

BAINBRIDGE GA

HAWKINSVILLE GA

HAWKINSVILLE GA

# knee

Based on Hospital Medicare Payment And Volume Measures

31995	MUSCOGEE	7065964020
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31995	MUSCOGEE	7065964020
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39819	DECATUR	2292463500
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31036	PULASKI	4787830200
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31036	PULASKI	4787830200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

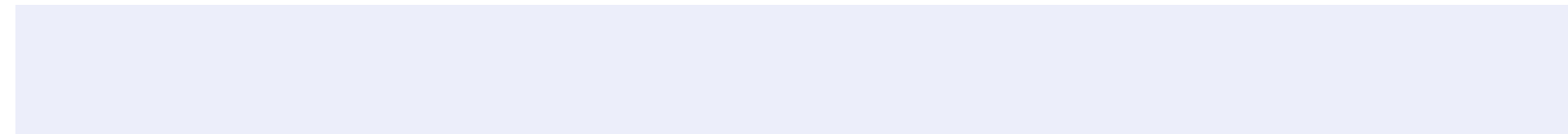
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$23734.00 \*



\$12800.00

13

\$16306.00 \*



\$16306.00 \*

\$13043.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110143	WELLSTAR COBB HOSPITAL	3950 AUSTELL RD
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110143	WELLSTAR COBB HOSPITAL	3950 AUSTELL RD
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110143	WELLSTAR COBB HOSPITAL	3950 AUSTELL RD
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110150	OCONEE REGIONAL MEDICAL CENTER	821 N COBB STREET POST OFFICE BOX 690
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110161	NORTHSIDE HOSPITAL	1000 JOHNSON FERRY ROAD, NE
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110161	NORTHSIDE HOSPITAL	1000 JOHNSON FERRY ROAD, NE
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# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTELL GA

AUSTELL GA

AUSTELL GA

MILLEDGEVILLE GA

ATLANTA GA

ATLANTA GA



# knee

Based on Hospital Medicare Payment And Volume Measures

30106	COBB	7707324000
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30106	COBB	7707324000
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30106	COBB	7707324000
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31061	BALDWIN	4784543550
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30342	FULTON	4048518000
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30342	FULTON	4048518000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

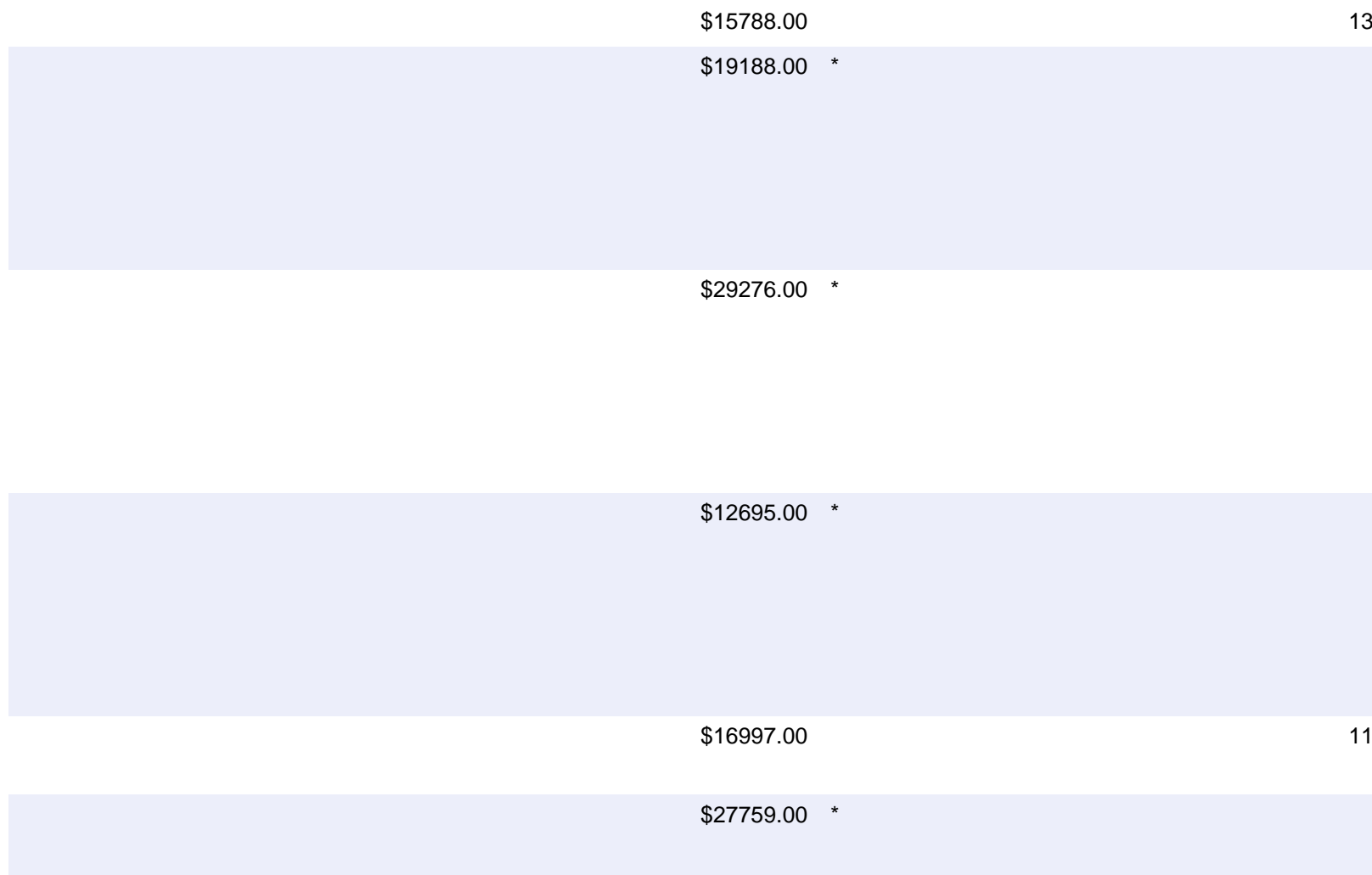
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

110161	NORTHSIDE HOSPITAL	1000 JOHNSON FERRY ROAD, NE
110163	PALMYRA MEDICAL CENTERS	2000 PALMYRA RD BOX 1908
110163	PALMYRA MEDICAL CENTERS	2000 PALMYRA RD BOX 1908
110163	PALMYRA MEDICAL CENTERS	2000 PALMYRA RD BOX 1908
110164	COLISEUM MEDICAL CENTER	350 HOSPITAL DRIVE
110164	COLISEUM MEDICAL CENTER	350 HOSPITAL DRIVE

knee

Based on Hospital Medicare Payment And Volume Measures

	ATLANTA	GA
	ALBANY	GA
	ALBANY	GA
	ALBANY	GA
	MACON	GA
	MACON	GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30342	FULTON	4048518000
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31701	DOUGHERTY	2294342000
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31701	DOUGHERTY	2294342000
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31701	DOUGHERTY	2294342000
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31217	BIBB	4787654100
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31217	BIBB	4787654100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17853.00	11
	\$17400.00	13
	\$13416.00 *	
	\$13918.00	11
	\$1024.00 *	
	\$18261.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

110164	COLISEUM MEDICAL CENTER	350 HOSPITAL DRIVE
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110165	SOUTHERN REGIONAL MEDICAL CENTER	11 UPPER RIVERDALE ROAD, SW
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110165	SOUTHERN REGIONAL MEDICAL CENTER	11 UPPER RIVERDALE ROAD, SW
--------	----------------------------------	-----------------------------

110165	SOUTHERN REGIONAL MEDICAL CENTER	11 UPPER RIVERDALE ROAD, SW
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110168	REDMOND REGIONAL MEDICAL CENTER	501 REDMOND ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

MACON GA

RIVERDALE GA

RIVERDALE GA

RIVERDALE GA

ROME GA

# knee

Based on Hospital Medicare Payment And Volume Measures

31217	BIBB	4787654100
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30274	CLAYTON	7709918160
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30274	CLAYTON	7709918160
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30274	CLAYTON	7709918160
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30165	FLOYD	7068023012
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18715.00 \*

\$19040.00 \*

\$13002.00 \*

\$8565.00 \*

\$13411.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

110168	REDMOND REGIONAL MEDICAL CENTER	501 REDMOND ROAD
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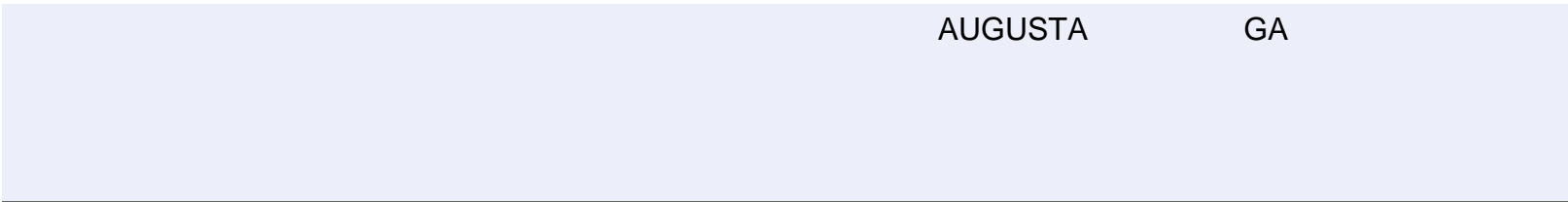
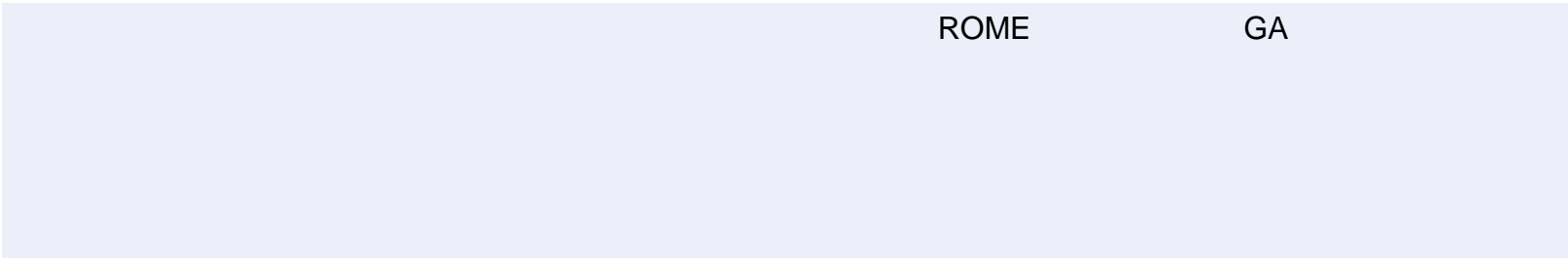
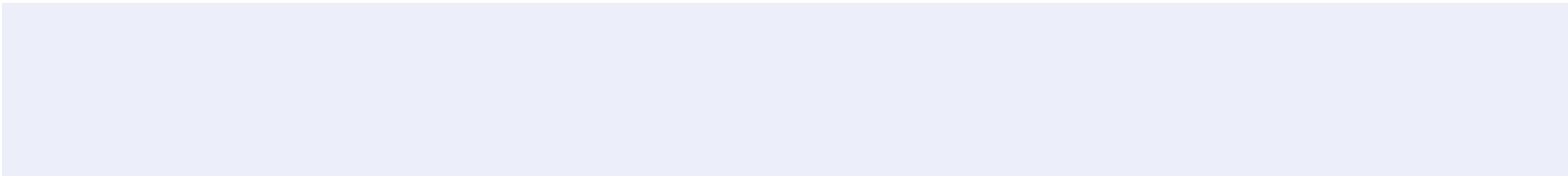
110168	REDMOND REGIONAL MEDICAL CENTER	501 REDMOND ROAD
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110177	DOCTORS HOSPITAL	3651 WHEELER ROAD
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110177	DOCTORS HOSPITAL	3651 WHEELER ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

30165

FLOYD

7068023012

30165

FLOYD

7068023012

30909

RICHMOND

7066516008

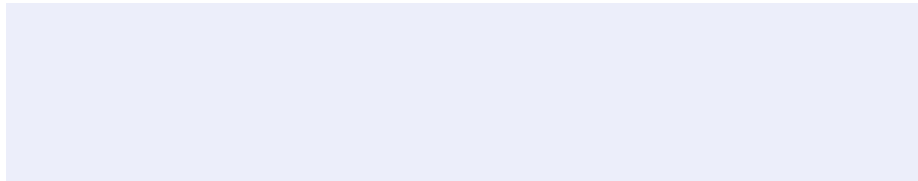
30909

RICHMOND

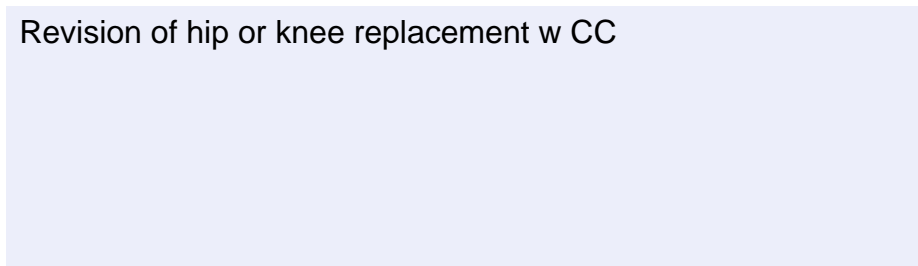
7066516008

# knee

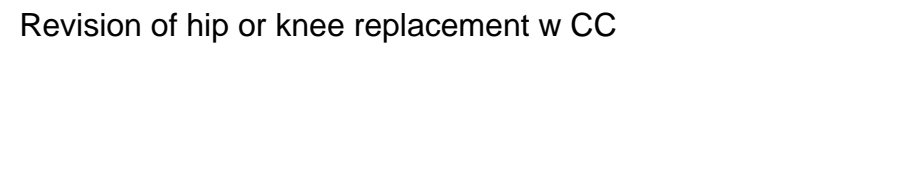
Based on Hospital Medicare Payment And Volume Measures



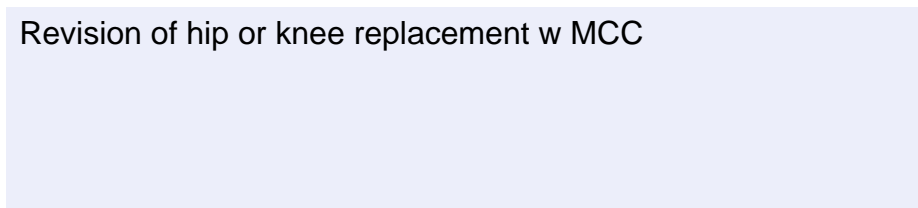
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24868.00 \*

\$16764.00 \*

\$19144.00 \*

\$28395.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

110177	DOCTORS HOSPITAL	3651 WHEELER ROAD
110184	WELLSTAR DOUGLAS HOSPITAL	8954 HOSPITAL DRIVE
110189	FANNIN REGIONAL HOSPITAL	2855 OLD HIGHWAY 5 NORTH
110189	FANNIN REGIONAL HOSPITAL	2855 OLD HIGHWAY 5 NORTH
110189	FANNIN REGIONAL HOSPITAL	2855 OLD HIGHWAY 5 NORTH

# knee

Based on Hospital Medicare Payment And Volume Measures

AUGUSTA GA

DOUGLASVILLE GA

BLUE RIDGE GA

BLUE RIDGE GA

BLUE RIDGE GA



# knee

Based on Hospital Medicare Payment And Volume Measures

30909	RICHMOND	7066516008
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30134	DOUGLAS	7709491500
-------	---------	------------

30513	FANNIN	7066323711
-------	--------	------------

30513	FANNIN	7066323711
-------	--------	------------

30513	FANNIN	7066323711
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15313.00	20
	\$26717.00 *	
	\$12654.00 *	
	\$28159.00 *	
	\$10027.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

110191	HENRY MEDICAL CENTER, INC	1133 EAGLE'S LANDING PARKWAY
--------	---------------------------	---------------------------------

110191	HENRY MEDICAL CENTER, INC	1133 EAGLE'S LANDING PARKWAY
--------	---------------------------	---------------------------------

110191	HENRY MEDICAL CENTER, INC	1133 EAGLE'S LANDING PARKWAY
--------	---------------------------	---------------------------------

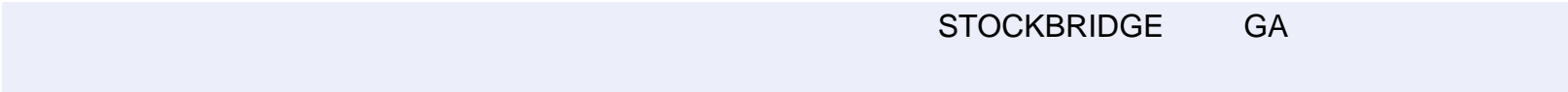
110192	EMORY EASTSIDE MEDICAL CENTER	1700 MEDICAL WAY
--------	----------------------------------	------------------

110192	EMORY EASTSIDE MEDICAL CENTER	1700 MEDICAL WAY
--------	----------------------------------	------------------

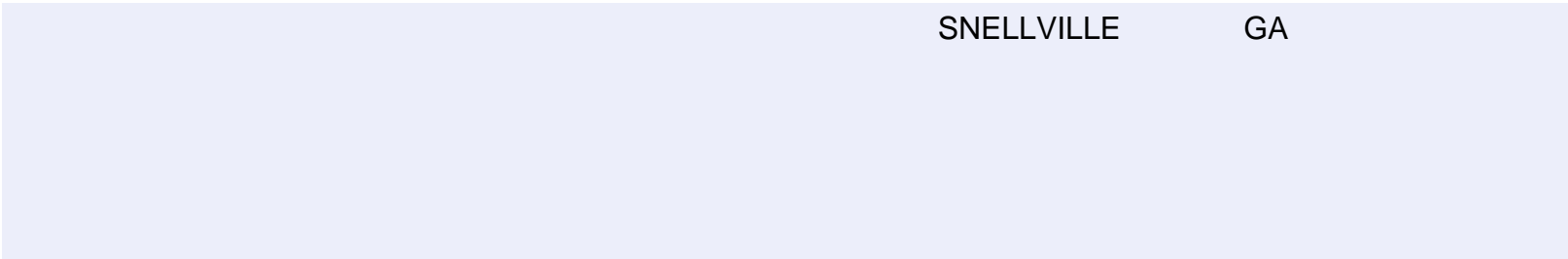
# knee

Based on Hospital Medicare Payment And Volume Measures

STOCKBRIDGE GA



STOCKBRIDGE GA



SNELLVILLE GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30281	HENRY	6786041000
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30281	HENRY	6786041000
-------	-------	------------

30281	HENRY	6786041000
-------	-------	------------

30078	GWINNETT	7707362498
-------	----------	------------

30078	GWINNETT	7707362498
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15847.00 \*

\$18244.00

16

\$27568.00 \*

\$24821.00 \*

\$14168.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

110198	NORTH FULTON REGIONAL HOSPITAL	3000 HOSPITAL BOULEVARD
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110198	NORTH FULTON REGIONAL HOSPITAL	3000 HOSPITAL BOULEVARD
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110198	NORTH FULTON REGIONAL HOSPITAL	3000 HOSPITAL BOULEVARD
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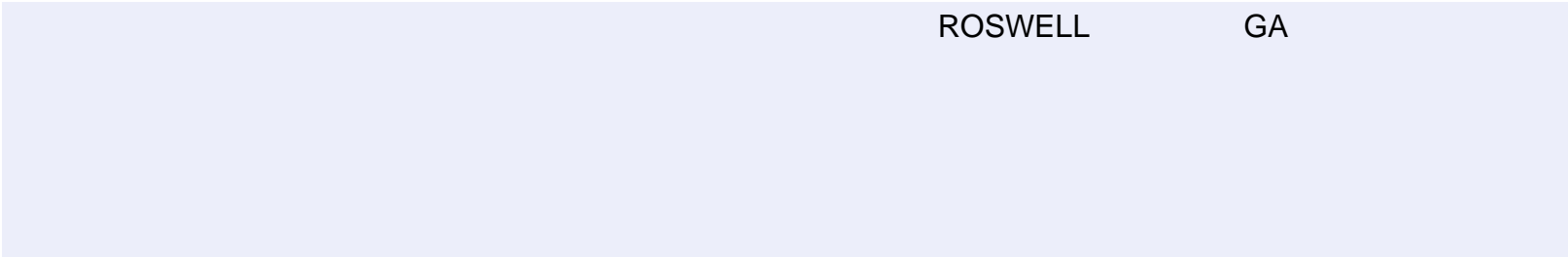
110200	HUGHSTON HOSPITAL	100 FRIST COURT
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110200	HUGHSTON HOSPITAL	100 FRIST COURT
--------	-------------------	-----------------

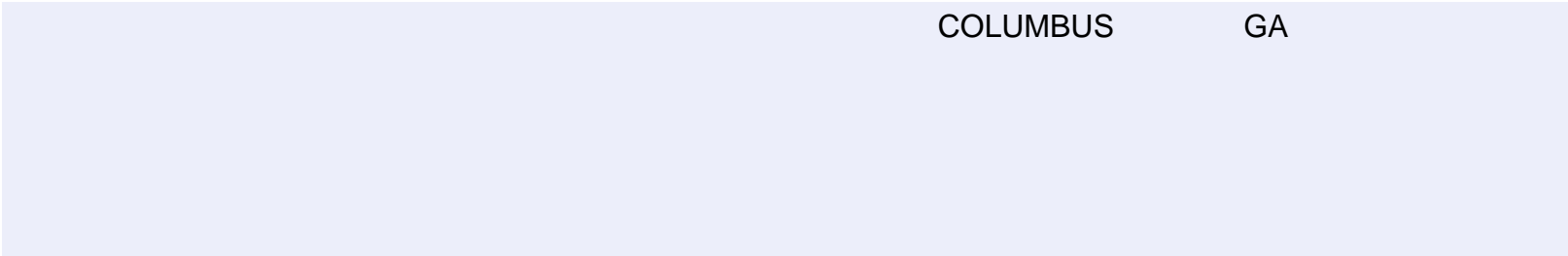
# knee

Based on Hospital Medicare Payment And Volume Measures

ROSWELL GA



ROSWELL GA



COLUMBUS GA

# knee

Based on Hospital Medicare Payment And Volume Measures

30076                      FULTON                      7707512500

30076	FULTON	7707512500
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30076                      FULTON                      7707512500

31909	MUSCOGEE	7064942100
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31909                      MUSCOGEE                      7064942100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14709.00 \*

\$28123.00 \*

\$15325.00 \*

\$15973.00 \*

\$23692.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

110200	HUGHSTON HOSPITAL	100 FRIST COURT
110201	COLISEUM NORTHSIDE HOSPITAL	400 CHARTER BOULEVARD
110201	COLISEUM NORTHSIDE HOSPITAL	400 CHARTER BOULEVARD
110201	COLISEUM NORTHSIDE HOSPITAL	400 CHARTER BOULEVARD
110215	PIEDMONT FAYETTE HOSPITAL	1255 HIGHWAY 54 WEST
110215	PIEDMONT FAYETTE HOSPITAL	1255 HIGHWAY 54 WEST

# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBUS GA

MACON GA

MACON GA

MACON GA

FAYETTEVILLE GA

FAYETTEVILLE GA

# knee

Based on Hospital Medicare Payment And Volume Measures

31909	MUSCOGEE	7064942100
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31210	BIBB	4787575990
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31210	BIBB	4787575990
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31210	BIBB	4787575990
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30214	FAYETTE	7707197071
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30214	FAYETTE	7707197071
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$12776.00	33
	\$11698.00 *	
	\$26026.00 *	
	\$17395.00 *	
	\$13412.00	20
	\$15547.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

110215	PIEDMONT FAYETTE HOSPITAL	1255 HIGHWAY 54 WEST
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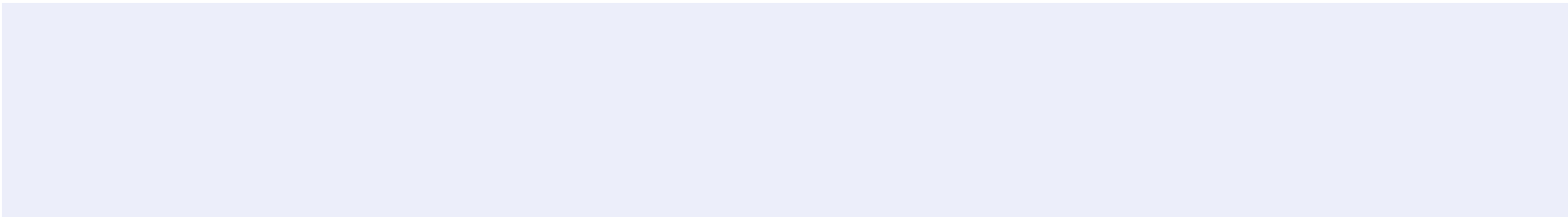
110219	SOUTH FULTON MEDICAL CENTER	1170 CLEVELAND AVENUE
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110219	SOUTH FULTON MEDICAL CENTER	1170 CLEVELAND AVENUE
--------	-----------------------------	-----------------------

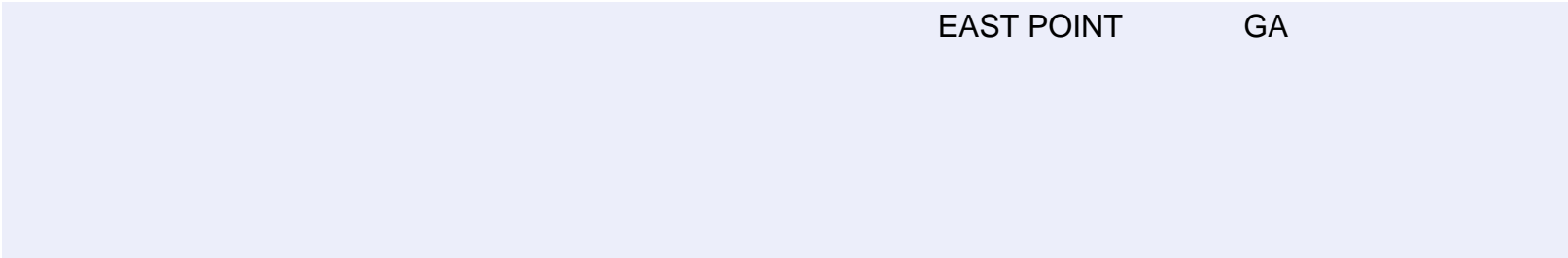
110219	SOUTH FULTON MEDICAL CENTER	1170 CLEVELAND AVENUE
--------	-----------------------------	-----------------------

# knee

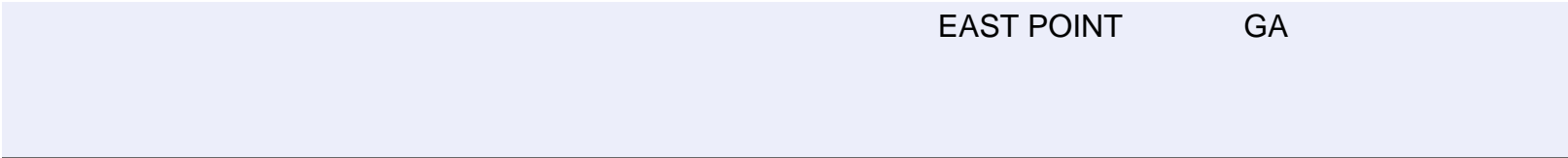
Based on Hospital Medicare Payment And Volume Measures



FAYETTEVILLE GA



EAST POINT GA



EAST POINT GA



# knee

Based on Hospital Medicare Payment And Volume Measures

30214

FAYETTE

7707197071

30344

FULTON

4043053550

30344

FULTON

4043053550

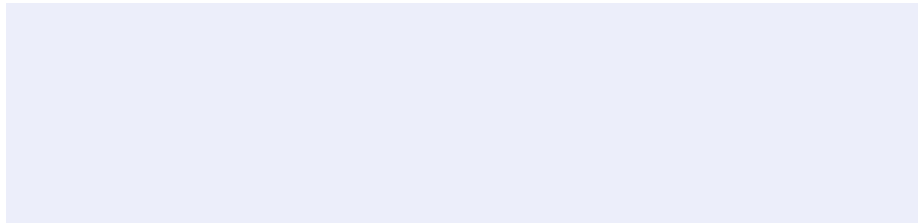
30344

FULTON

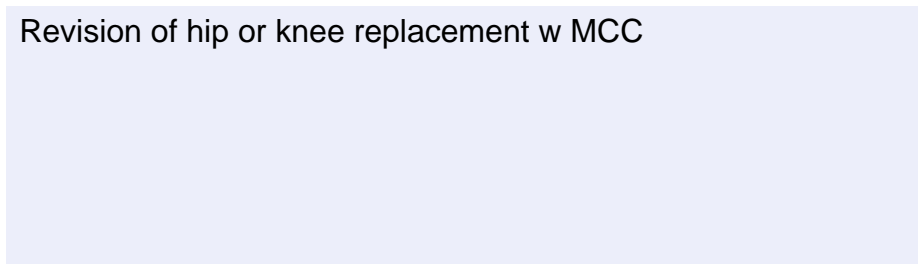
4043053550

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



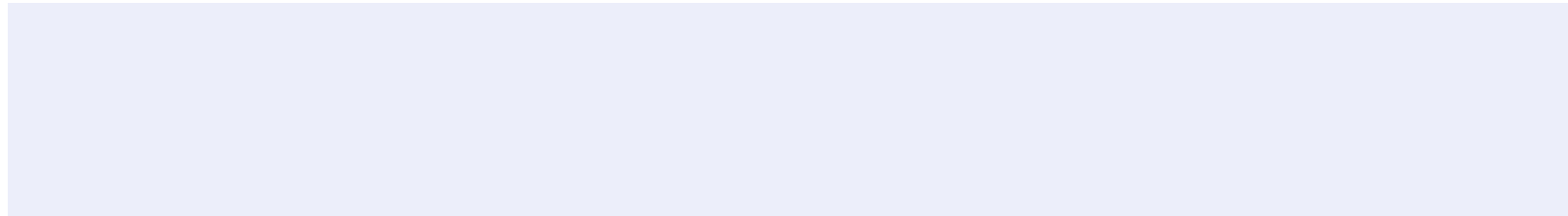
Revision of hip or knee replacement w CC



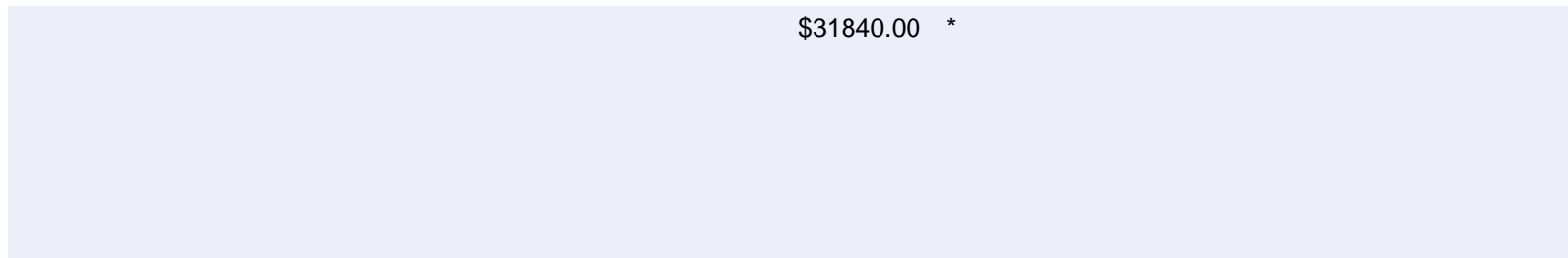
Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$21839.00 \*



\$31840.00 \*



\$21467.00 \*

\$17171.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

110225	PIEDMONT MOUNTAINSIDE HOSPITAL INC	1266 HIGHWAY 515 SOUTH
110229	PIEDMONT NEWNAN HOSPITAL, INC	60 HOSPITAL ROAD
110229	PIEDMONT NEWNAN HOSPITAL, INC	60 HOSPITAL ROAD
120001	THE QUEENS MEDICAL CENTER	1301 PUNCHBOWL ST
120001	THE QUEENS MEDICAL CENTER	1301 PUNCHBOWL ST
120001	THE QUEENS MEDICAL CENTER	1301 PUNCHBOWL ST

# knee

Based on Hospital Medicare Payment And Volume Measures

JASPER

GA

NEWNAN

GA

NEWNAN

GA

HONOLULU

HI

HONOLULU

HI

HONOLULU

HI

# knee

Based on Hospital Medicare Payment And Volume Measures

30143	PICKENS	7063015269
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30263	COWETA	7703044054
-------	--------	------------

30263	COWETA	7703044054
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96813	HONOLULU	8085389011
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96813	HONOLULU	8085389011
-------	----------	------------

96813	HONOLULU	8085389011
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$27499.00 \*

\$14345.00 \*

\$17934.00 \*

\$20183.00 11

\$25233.00 12

\$37426.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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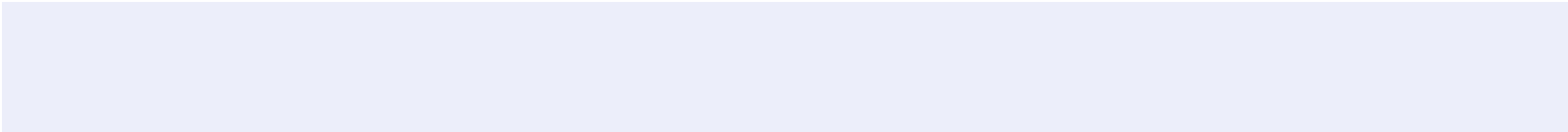
# knee

Based on Hospital Medicare Payment And Volume Measures

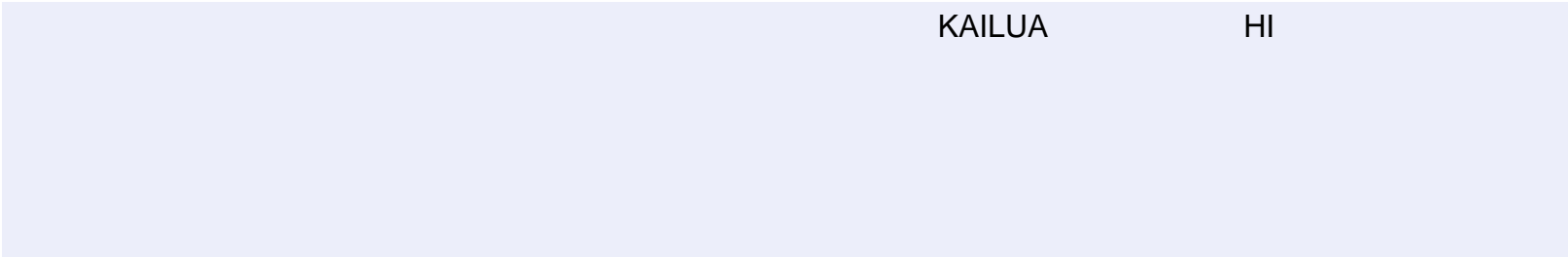
120004	WAHIAWA GENERAL HOSPITAL	128 LEHUA STREET
120006	CASTLE MEDICAL CENTER	640 ULUKAHIKI ST
120006	CASTLE MEDICAL CENTER	640 ULUKAHIKI ST
120006	CASTLE MEDICAL CENTER	640 ULUKAHIKI ST

# knee

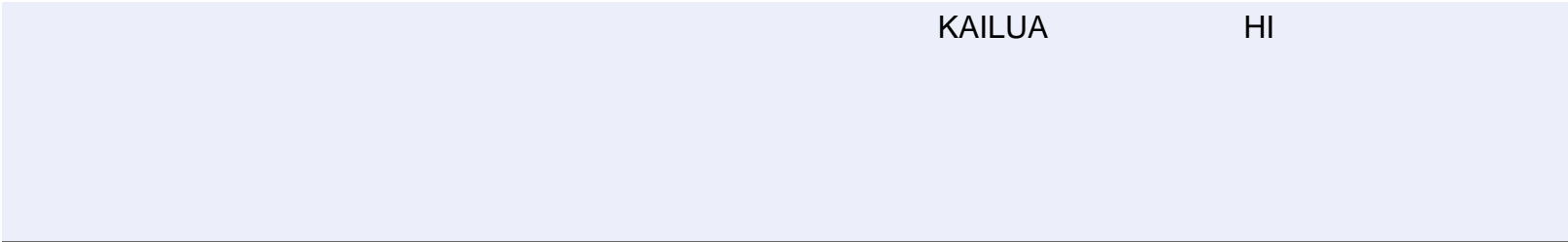
Based on Hospital Medicare Payment And Volume Measures



WAHIAWA HI



KAILUA HI



KAILUA HI

# knee

Based on Hospital Medicare Payment And Volume Measures

96786

HONOLULU

8086218411

96734

HONOLULU

8082635500

96734

HONOLULU

8082635500

96734

HONOLULU

8082635500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$37255.00 \*

\$19735.00 \*

\$36596.00 \*

\$24673.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

120007	KUAKINI MEDICAL CENTER	347 NORTH KUAKINI STREET
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120007	KUAKINI MEDICAL CENTER	347 NORTH KUAKINI STREET
--------	------------------------	--------------------------

120007	KUAKINI MEDICAL CENTER	347 NORTH KUAKINI STREET
--------	------------------------	--------------------------

120011	KAISER FOUNDATION HOSPITAL	3288 MOANALUA RD
--------	----------------------------	------------------

120011	KAISER FOUNDATION HOSPITAL	3288 MOANALUA RD
--------	----------------------------	------------------

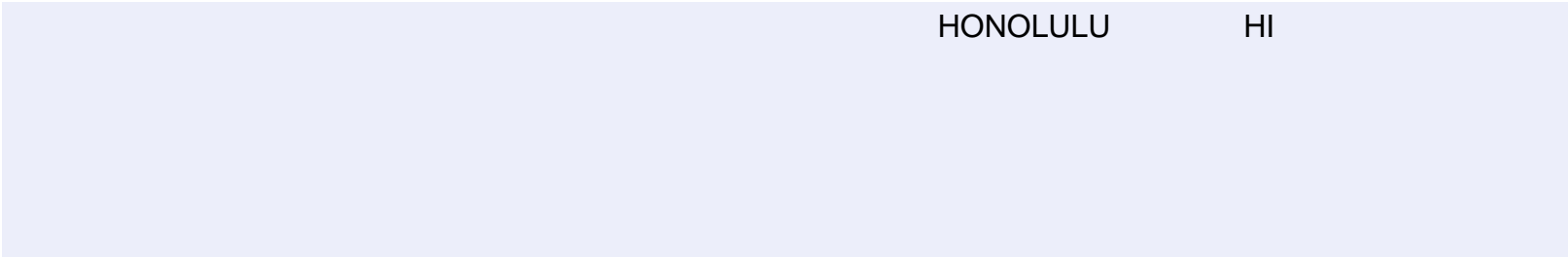
# knee

Based on Hospital Medicare Payment And Volume Measures



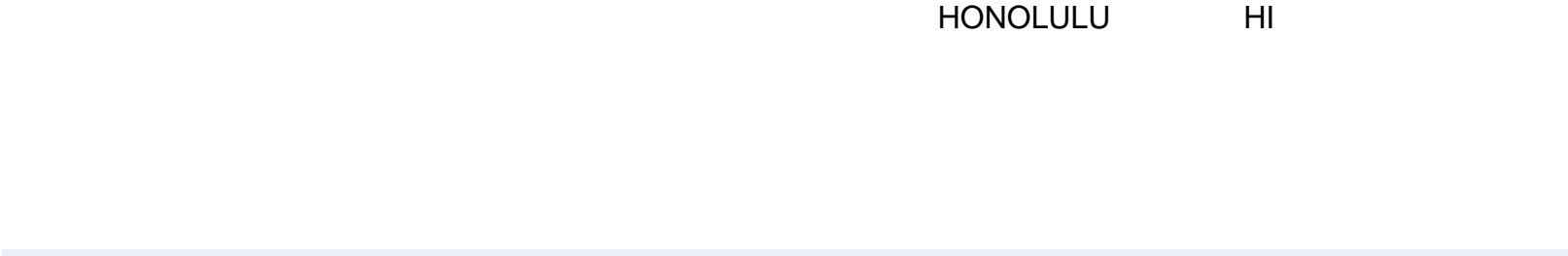
HONOLULU

HI



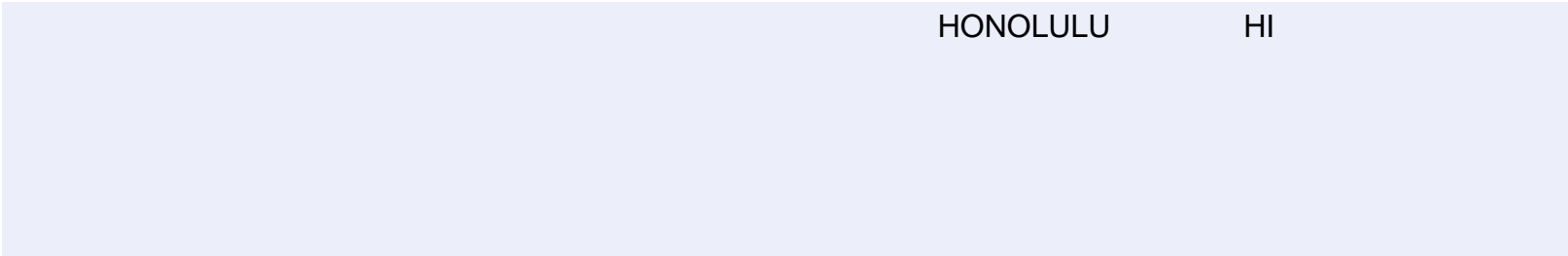
HONOLULU

HI



HONOLULU

HI



HONOLULU

HI



HONOLULU

HI

# knee

Based on Hospital Medicare Payment And Volume Measures

96817	HONOLULU	8085362236
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96817	HONOLULU	8085362236
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96817	HONOLULU	8085362236
-------	----------	------------

96819	HONOLULU	8084320000
-------	----------	------------

96819	HONOLULU	8084320000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



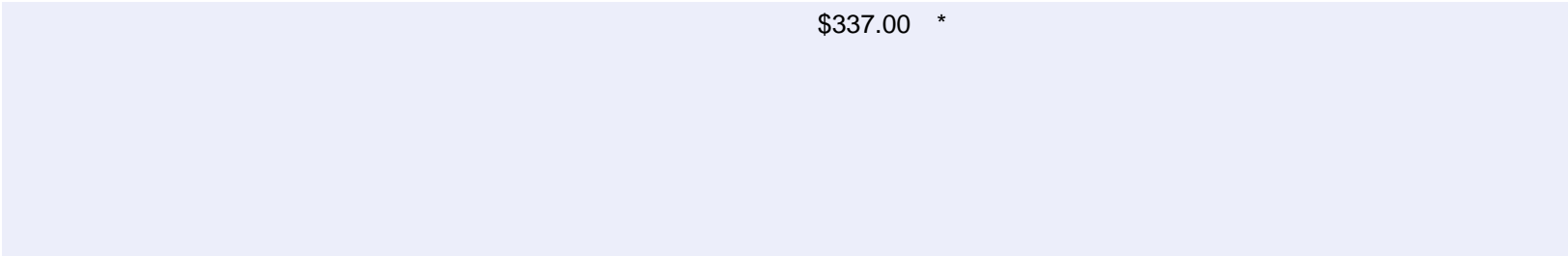
\$21286.00 \*



\$31572.00 \*



\$17026.00 \*



\$337.00 \*



\$227.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

120014	WILCOX MEMORIAL HOSPITAL	3-3420 KUHIO HIGHWAY
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120022	STRAUB CLINIC AND HOSPITAL	888 SO KING STREET
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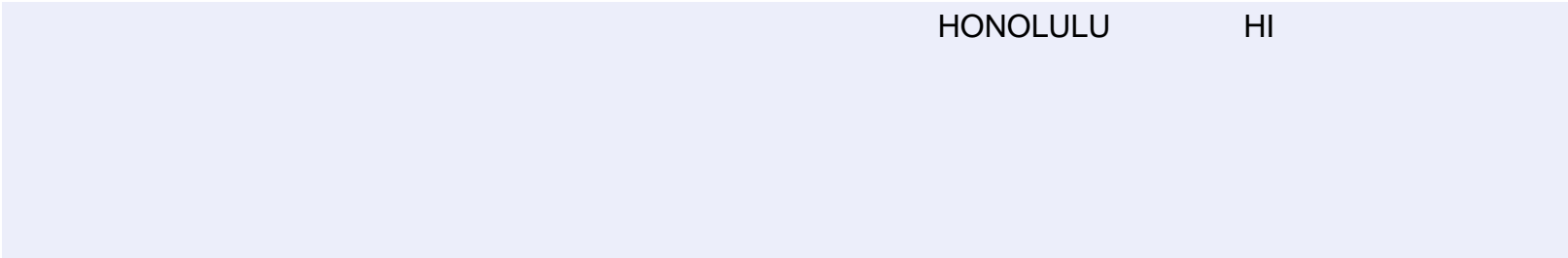
120022	STRAUB CLINIC AND HOSPITAL	888 SO KING STREET
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120026	PALI MOMI MEDICAL CENTER	98-1079 MOANALUA ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

LIHUE HI



HONOLULU HI





# knee

Based on Hospital Medicare Payment And Volume Measures

96766

KAUAI

8082451103

96813

HONOLULU

8085224000

96813

HONOLULU

8085224000

96701

HONOLULU

8084866000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27287.00 \*

\$17336.00 \*

\$21418.00 \*

\$32355.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

120026	PALI MOMI MEDICAL CENTER	98-1079 MOANALUA ROAD
130002	ST LUKES MAGIC VALLEY RMC	650 ADDISON AVENUE WEST
130002	ST LUKES MAGIC VALLEY RMC	650 ADDISON AVENUE WEST
130002	ST LUKES MAGIC VALLEY RMC	650 ADDISON AVENUE WEST
130003	ST JOSEPH REGIONAL MEDICAL CENTER	415 SIXTH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

AIEA

HI

TWIN FALLS

ID

TWIN FALLS

ID

TWIN FALLS

ID

LEWISTON

ID

# knee

Based on Hospital Medicare Payment And Volume Measures

96701	HONOLULU	8084866000
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83301	TWIN FALLS	2087372103
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83301	TWIN FALLS	2087372103
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83301	TWIN FALLS	2087372103
-------	------------	------------

83501	NEZ PERCE	2087432511
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

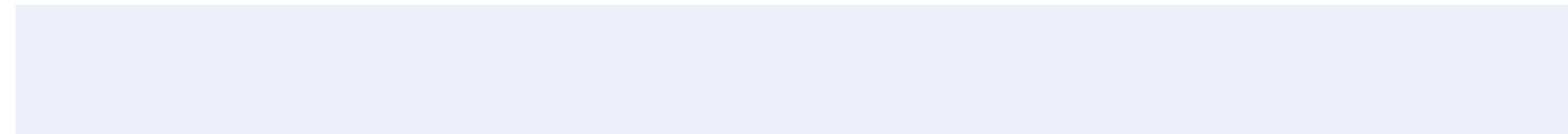
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$17448.00 \*



\$13481.00 \*



\$25132.00 \*



\$16854.00

11

\$18403.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

130003	ST JOSEPH REGIONAL MEDICAL CENTER	415 SIXTH STREET
130003	ST JOSEPH REGIONAL MEDICAL CENTER	415 SIXTH STREET
130006	ST LUKES REGIONAL MEDICAL CENTER	190 EAST BANNOCK STREET
130006	ST LUKES REGIONAL MEDICAL CENTER	190 EAST BANNOCK STREET
130006	ST LUKES REGIONAL MEDICAL CENTER	190 EAST BANNOCK STREET
130007	ST ALPHONSUS REGIONAL MEDICAL	1055 NORTH CURTIS ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

	LEWISTON	ID
	LEWISTON	ID
	BOISE	ID
	BOISE	ID
	BOISE	ID
	BOISE	ID

# knee

Based on Hospital Medicare Payment And Volume Measures

83501	NEZ PERCE	2087432511
-------	-----------	------------

83501	NEZ PERCE	2087432511
-------	-----------	------------

83712	ADA	2083812222
-------	-----	------------

83712	ADA	2083812222
-------	-----	------------

83712	ADA	2083812222
-------	-----	------------

83706	ADA	2083672000
-------	-----	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24782.00 \*

\$14153.00 \*

\$14757.00

36

\$27532.00 \*

\$18450.00

17

\$15681.00

42

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
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small number of Medicare  
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small number of Medicare  
patients (fewer than 11)



# knee

Based on Hospital Medicare Payment And Volume Measures

	CENTER	
130007	ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD
130007	ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD
130013	SAINT ALPHONSUS MEDICAL CENTER - NAMPA	1512 TWELFTH AVENUE ROAD
130013	SAINT ALPHONSUS MEDICAL CENTER - NAMPA	1512 TWELFTH AVENUE ROAD
130013	SAINT ALPHONSUS MEDICAL CENTER - NAMPA	1512 TWELFTH AVENUE ROAD

knee

Based on Hospital Medicare Payment And Volume Measures

BOISE

ID

BOISE

ID

NAMPA

ID

NAMPA

ID

NAMPA

ID

# knee

Based on Hospital Medicare Payment And Volume Measures

83706	ADA	2083672000
-------	-----	------------

83706	ADA	2083672000
-------	-----	------------

83686	CANYON	2084635533
-------	--------	------------

83686	CANYON	2084635533
-------	--------	------------

83686	CANYON	2084635533
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25192.00 \*

\$14362.00

65

\$14586.00 \*

\$18189.00 \*

\$31809.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

130014	WEST VALLEY MEDICAL CENTER	1717 ARLINGTON STREET
--------	----------------------------	-----------------------

130014	WEST VALLEY MEDICAL CENTER	1717 ARLINGTON STREET
--------	----------------------------	-----------------------

130018	EASTERN IDAHO REGIONAL MEDICAL CENTER	3100 CHANNING WAY
--------	--	-------------------

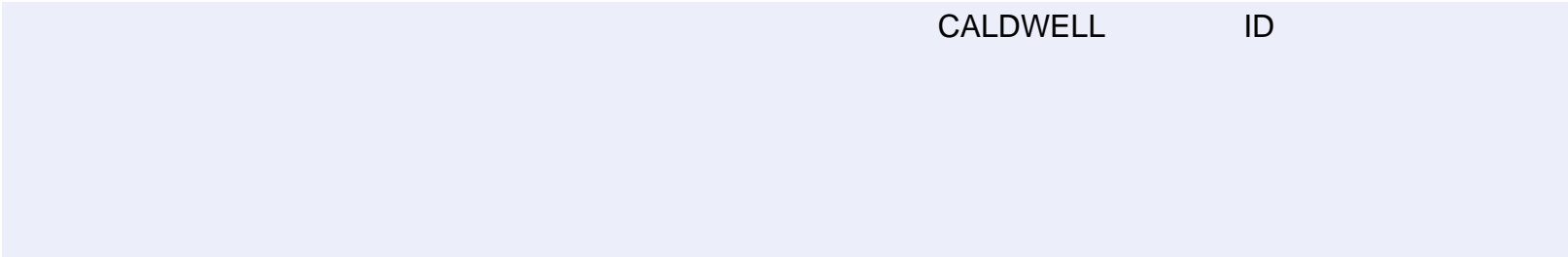
130018	EASTERN IDAHO REGIONAL MEDICAL CENTER	3100 CHANNING WAY
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130024	BONNER GENERAL HOSPITAL	520 NORTH THIRD AVENUE
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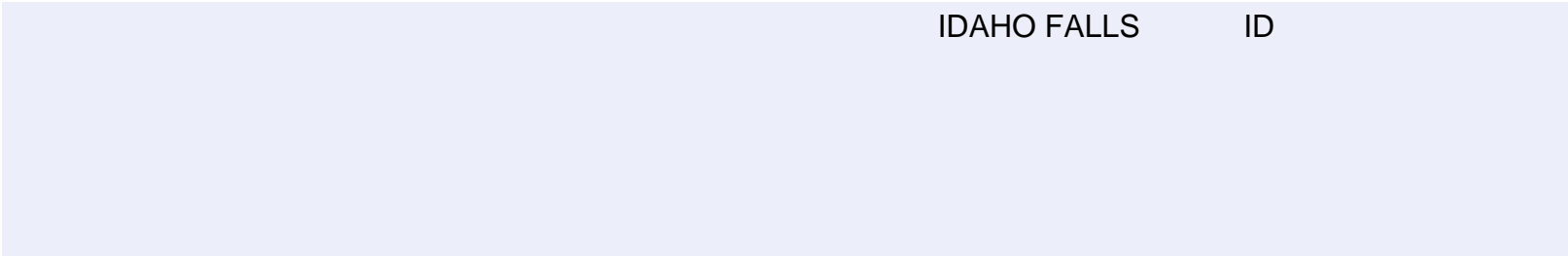
# knee

Based on Hospital Medicare Payment And Volume Measures

CALDWELL ID



IDAHO FALLS ID



SANDPOINT ID



# knee

Based on Hospital Medicare Payment And Volume Measures

83605

CANYON

2084594641

83605

CANYON

2084594641

83404

BONNEVILLE

2085296210

83404

BONNEVILLE

2085296210

83864

BONNER

2082631441

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19290.00 \*

\$15505.00 \*

\$17183.00 \*

\$17434.00 \*

\$32511.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

130024	BONNER GENERAL HOSPITAL	520 NORTH THIRD AVENUE
--------	-------------------------	------------------------

130028	PORTNEUF MEDICAL CENTER	651 MEMORIAL DRIVE
--------	-------------------------	--------------------

130028	PORTNEUF MEDICAL CENTER	651 MEMORIAL DRIVE
--------	-------------------------	--------------------

130028	PORTNEUF MEDICAL CENTER	651 MEMORIAL DRIVE
--------	-------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SANDPOINT ID

POCATELLO ID

POCATELLO ID

POCATELLO ID

# knee

Based on Hospital Medicare Payment And Volume Measures

83864

BONNER

2082631441

83201

BANNOCK

2082391000

83201

BANNOCK

2082391000

83201

BANNOCK

2082391000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13120.00 \*

\$22985.00 \*

\$20355.00 \*

\$660.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

130049	KOOTENAI MEDICAL CENTER	2003 KOOTENAI HEALTH WAY
--------	-------------------------	--------------------------

130049	KOOTENAI MEDICAL CENTER	2003 KOOTENAI HEALTH WAY
--------	-------------------------	--------------------------

130049	KOOTENAI MEDICAL CENTER	2003 KOOTENAI HEALTH WAY
--------	-------------------------	--------------------------

130065	MOUNTAIN VIEW HOSPITAL	2325 CORONADO STREET
--------	------------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

COEUR D'ALENE ID

COEUR D'ALENE ID

COEUR D'ALENE ID

IDAHO FALLS ID

# knee

Based on Hospital Medicare Payment And Volume Measures

83814

KOOTENAI

2086662003

83814

KOOTENAI

2086662003

83814

KOOTENAI

2086662003

83404

BONNEVILLE

2085572700

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14377.00 \*

\$14978.00 \*

\$29785.00 \*

\$14232.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

130065	MOUNTAIN VIEW HOSPITAL	2325 CORONADO STREET
--------	------------------------	----------------------

130066	NORTHWEST SPECIALTY HOSPITAL	1593 EAST POLSTON AVENUE
--------	------------------------------	--------------------------

130067	IDAHO DOCTORS HOSPITAL	350 NORTH MERIDIAN STREET
--------	------------------------	---------------------------

140001	GRAHAM HOSPITAL ASSOCIATION	210 WEST WALNUT STREET
--------	-----------------------------	------------------------

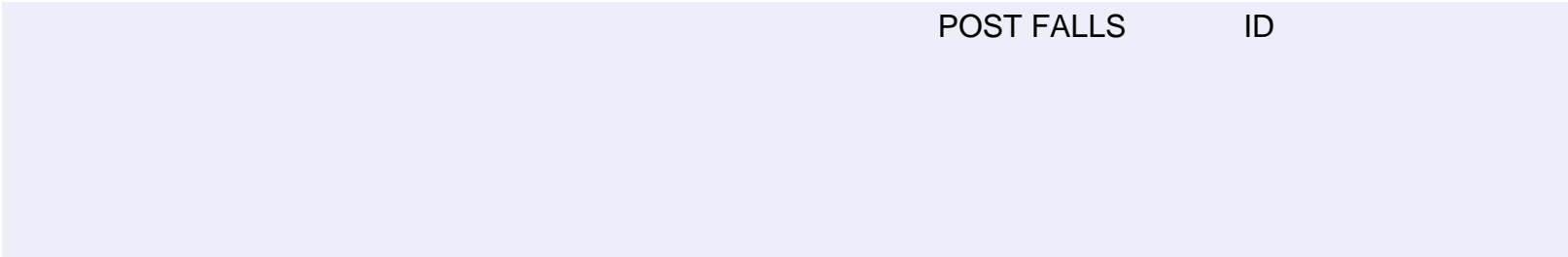
140002	ALTON MEMORIAL HOSPITAL	ONE MEMORIAL DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures



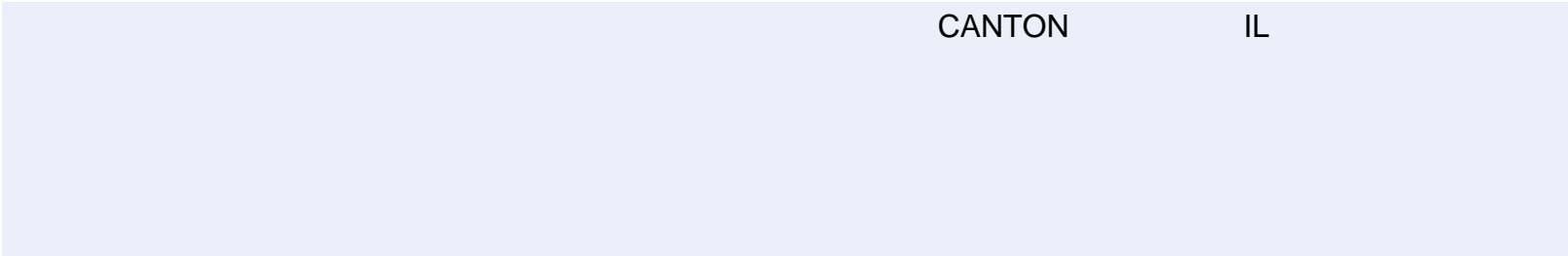
IDAHO FALLS ID



POST FALLS ID



BLACKFOOT ID



CANTON IL



ALTON IL

# knee

Based on Hospital Medicare Payment And Volume Measures

83404	BONNEVILLE	2085572700
-------	------------	------------

83854	KOOTENAI	2082622300
-------	----------	------------

83221	BINGHAM	2087822900
-------	---------	------------

61520	FULTON	3096475240
-------	--------	------------

62002	MADISON	6184637300
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17793.00 \*

\$13703.00 \*

\$14827.00 \*

\$13935.00 \*

\$13298.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

140002	ALTON MEMORIAL HOSPITAL	ONE MEMORIAL DRIVE
--------	-------------------------	--------------------

140002	ALTON MEMORIAL HOSPITAL	ONE MEMORIAL DRIVE
--------	-------------------------	--------------------

140007	PROVENA ST JOSEPH MEDICAL CENTER	333 N MADISON
--------	-------------------------------------	---------------

140007	PROVENA ST JOSEPH MEDICAL CENTER	333 N MADISON
--------	-------------------------------------	---------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ALTON

IL

ALTON

IL

JOLIET

IL

JOLIET

IL



# knee

Based on Hospital Medicare Payment And Volume Measures

62002

MADISON

6184637300

62002

MADISON

6184637300

60435

WILL

8157257133

60435

WILL

8157257133

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24659.00 \*

\$13854.00 \*

\$15800.00 \*

\$25072.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

140007	PROVENA ST JOSEPH MEDICAL CENTER	333 N MADISON
140008	LOYOLA GOTTLIEB MEMORIAL HOSPITAL	701 WEST NORTH AVE
140008	LOYOLA GOTTLIEB MEMORIAL HOSPITAL	701 WEST NORTH AVE
140010	EVANSTON HOSPITAL	2650 RIDGE AVE
140010	EVANSTON HOSPITAL	2650 RIDGE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

JOLIET

IL

MELROSE PARK

IL

MELROSE PARK

IL

EVANSTON

IL

EVANSTON

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60435	WILL	8157257133
-------	------	------------

60160	COOK	7084504924
-------	------	------------

60160	COOK	7084504924
-------	------	------------

60201	COOK	8474328000
-------	------	------------

60201	COOK	8474328000
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

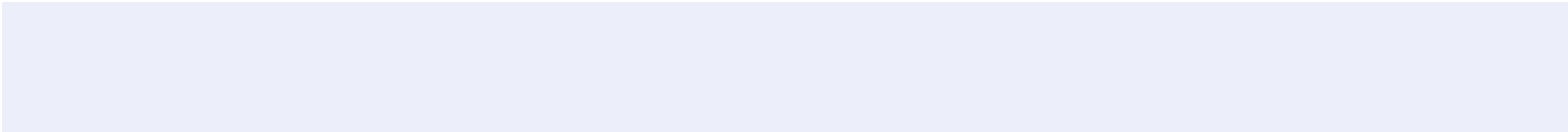
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$13896.00 \*



\$13938.00 \*

\$17426.00 \*



\$19840.00

47

\$29433.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

140010	EVANSTON HOSPITAL	2650 RIDGE AVE
140011	HERRIN HOSPITAL	201 S 14TH ST
140012	KATHERINE SHAW BETHEA HOSPITAL	403 E 1ST ST
140012	KATHERINE SHAW BETHEA HOSPITAL	403 E 1ST ST
140013	PROCTOR HOSPITAL	5409 N KNOXVILLE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

EVANSTON IL

HERRIN IL

DIXON IL

DIXON IL

PEORIA IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60201	COOK	8474328000
-------	------	------------

62948	WILLIAMSON	6189422171
-------	------------	------------

61021	LEE	8152885531
-------	-----	------------

61021	LEE	8152885531
-------	-----	------------

61614	PEORIA	3096911000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15870.00

13

\$13529.00 \*

\$18436.00 \*

\$18818.00 \*

\$12871.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

140013

PROCTOR HOSPITAL

5409 N KNOXVILLE AVE

140015

BLESSING HOSPITAL

BROADWAY AT 11TH  
STREET

140015

BLESSING HOSPITAL

BROADWAY AT 11TH  
STREET

140015

BLESSING HOSPITAL

BROADWAY AT 11TH  
STREET

140018

MT SINAI HOSPITAL MEDICAL

15TH STREET AT

# knee

Based on Hospital Medicare Payment And Volume Measures

PEORIA

IL

QUINCY

IL

QUINCY

IL

QUINCY

IL

CHICAGO

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61614

PEORIA

3096911000

62301

ADAMS

2172235811

62301

ADAMS

2172235811

62301

ADAMS

2172235811

60608

COOK

7732576751

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14750.00 \*

\$27643.00 \*

\$17441.00 \*

\$13433.00 \*

\$26627.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

CENTER

CALIFORNIA

140026

ST MARYS HOSPITAL

111 SPRING STREET

140026

ST MARYS HOSPITAL

111 SPRING STREET

140029

COPLEY MEMORIAL HOSPITAL

2000 OGDEN AVENUE

140029

COPLEY MEMORIAL HOSPITAL

2000 OGDEN AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

STREATOR IL

STREATOR IL

AURORA IL

AURORA IL



# knee

Based on Hospital Medicare Payment And Volume Measures

61364

LA SALLE

8156732311

61364

LA SALLE

8156732311

60504

KANE

6309786200

60504

KANE

6309786200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18633.00 \*

\$23249.00 \*

\$15938.00 \*

\$16019.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

140029	COPLEY MEMORIAL HOSPITAL	2000 OGDEN AVENUE
140030	SHERMAN HOSPITAL	1425 NORTH RANDALL ROAD
140030	SHERMAN HOSPITAL	1425 NORTH RANDALL ROAD
140030	SHERMAN HOSPITAL	1425 NORTH RANDALL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

AURORA

IL

ELGIN

IL

ELGIN

IL

ELGIN

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60504	KANE	6309786200
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60123	KANE	8477429800
-------	------	------------

60123	KANE	8477429800
-------	------	------------

60123	KANE	8477429800
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18292.00 \*

\$15629.00 \*

\$22555.00 \*

\$14766.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140032	ST ANTHONYS MEMORIAL HOSPITAL	503 N MAPLE STREET
--------	-------------------------------	--------------------

140032	ST ANTHONYS MEMORIAL HOSPITAL	503 N MAPLE STREET
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140032	ST ANTHONYS MEMORIAL HOSPITAL	503 N MAPLE STREET
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140034	ST MARYS HOSPITAL	400 NORTH PLEASANT AVENUE
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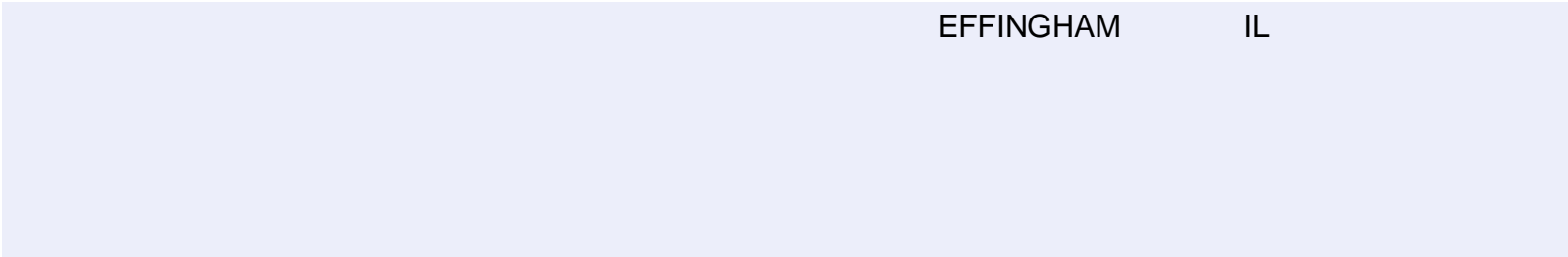
140034	ST MARYS HOSPITAL	400 NORTH PLEASANT AVENUE
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# knee

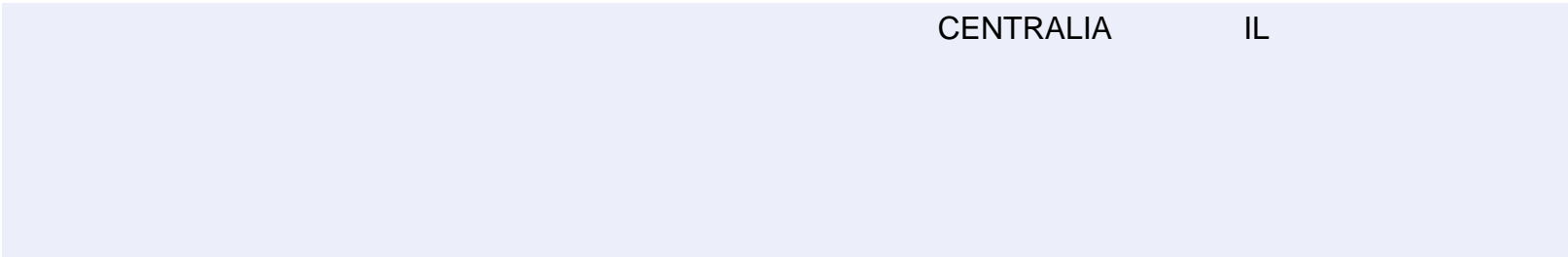
Based on Hospital Medicare Payment And Volume Measures



EFFINGHAM IL



EFFINGHAM IL



EFFINGHAM IL

CENTRALIA IL

CENTRALIA IL

# knee

Based on Hospital Medicare Payment And Volume Measures

62401	EFFINGHAM	2173422121
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62401	EFFINGHAM	2173422121
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62401	EFFINGHAM	2173422121
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62801	MARION	6184368000
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62801	MARION	6184368000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12721.00 \*

\$22952.00 \*

\$15904.00

25

\$17037.00 \*

\$23863.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)



# knee

Based on Hospital Medicare Payment And Volume Measures

140040	GALESBURG COTTAGE HOSPITAL	695 N KELLOGG ST
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140040	GALESBURG COTTAGE HOSPITAL	695 N KELLOGG ST
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140040	GALESBURG COTTAGE HOSPITAL	695 N KELLOGG ST
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140043	CGH MEDICAL CENTER	100 EAST LEFEVRE ROAD
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140043	CGH MEDICAL CENTER	100 EAST LEFEVRE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

GALESBURG IL

GALESBURG IL

GALESBURG IL

STERLING IL

STERLING IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61401	KNOX	3093454555
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61401	KNOX	3093454555
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61401	KNOX	3093454555
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61081	WHITESIDE	8156250400
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61081	WHITESIDE	8156250400
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13672.00 \*

\$25353.00 \*

\$17090.00 \*

\$17486.00 \*

\$14017.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

140046	GOOD SAMARITAN REGIONAL HLTH CENTER	605 N 12TH STREET
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140046	GOOD SAMARITAN REGIONAL HLTH CENTER	605 N 12TH STREET
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140046	GOOD SAMARITAN REGIONAL HLTH CENTER	605 N 12TH STREET
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140048	ADVOCATE TRINITY HOSPITAL	2320 E 93RD ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

MOUNT VERNON IL

MOUNT VERNON IL

MOUNT VERNON IL

CHICAGO IL



# knee

Based on Hospital Medicare Payment And Volume Measures

62864

JEFFERSON

6182424600

62864

JEFFERSON

6182424600

62864

JEFFERSON

6182424600

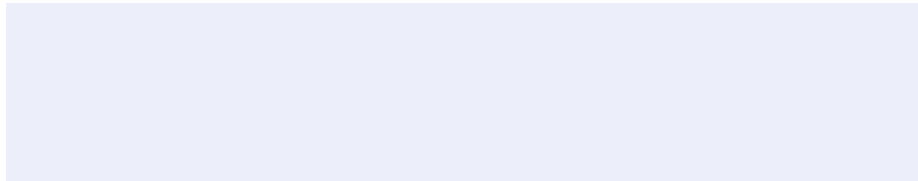
60617

COOK

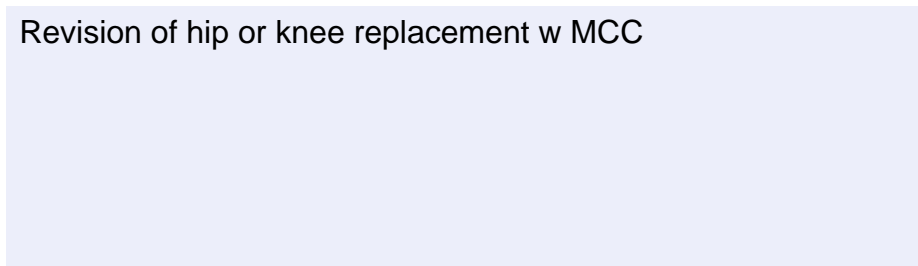
7739672000

# knee

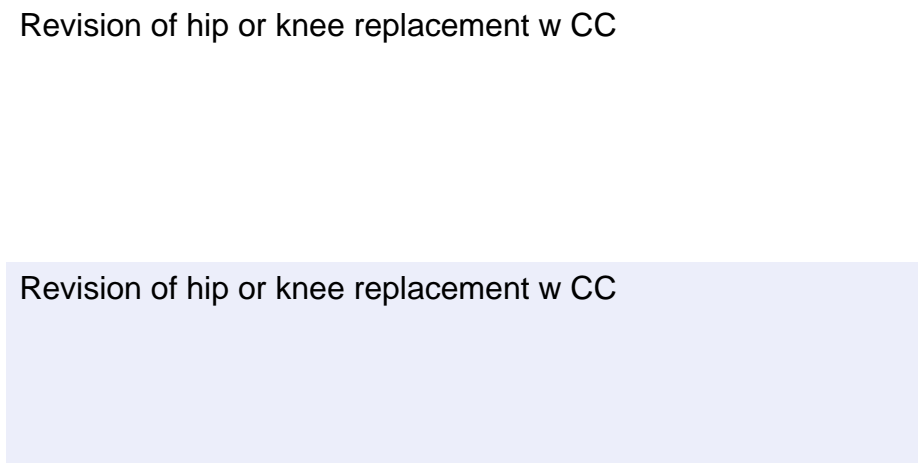
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$11162.00 \*

\$24838.00 \*

\$14974.00 \*

\$101.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

140048

ADVOCATE TRINITY HOSPITAL

2320 E 93RD ST

140049

WEST SUBURBAN MEDICAL CENTER

ERIE AT AUSTIN  
BOULEVARD

140049

WEST SUBURBAN MEDICAL CENTER

ERIE AT AUSTIN  
BOULEVARD

140049

WEST SUBURBAN MEDICAL CENTER

ERIE AT AUSTIN  
BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL

OAK PARK IL

OAK PARK IL

OAK PARK IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60617

COOK

7739672000

60302

COOK

7083836200

60302

COOK

7083836200

60302

COOK

7083836200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$92.00 \*

\$19240.00 \*

\$2397.00 \*

\$34782.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140051	SKOKIE HOSPITAL	9600 GROSS POINT ROAD
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140051	SKOKIE HOSPITAL	9600 GROSS POINT ROAD
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140051	SKOKIE HOSPITAL	9600 GROSS POINT ROAD
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140052	SAINT ANTHONY'S HEALTH CENTER	ST ANTHONY'S WAY
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140052	SAINT ANTHONY'S HEALTH CENTER	ST ANTHONY'S WAY
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140052	SAINT ANTHONY'S HEALTH CENTER	ST ANTHONY'S WAY
--------	-------------------------------	------------------

knee

Based on Hospital Medicare Payment And Volume Measures

SKOKIE

IL

SKOKIE

IL

## SKOKIE

IL

ALTON

IL

ALTON

IL

ALTON

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60076	COOK	8476779600
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60076	COOK	8476779600
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60076	COOK	8476779600
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62002	MADISON	6184652571
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62002	MADISON	6184652571
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62002	MADISON	6184652571
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$29512.00 \*

\$19717.00 44

\$15941.00 26

\$13187.00 \*

\$16486.00 \*

\$24513.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

140053	ST JOHNS HOSPITAL	800 E CARPENTER ST
140053	ST JOHNS HOSPITAL	800 E CARPENTER ST
140054	MACNEAL HOSPITAL	3249 SOUTH OAK PARK AVENUE
140054	MACNEAL HOSPITAL	3249 SOUTH OAK PARK AVENUE
140054	MACNEAL HOSPITAL	3249 SOUTH OAK PARK AVENUE
140058	PASSAVANT AREA HOSPITAL	1600 W WALNUT ST
140062	PALOS COMMUNITY HOSPITAL	12251 SOUTH 80TH AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

	SPRINGFIELD	IL
	SPRINGFIELD	IL
	BERWYN	IL
	BERWYN	IL
	BERWYN	IL
	JACKSONVILLE	IL
	PALOS HEIGHTS	IL

# knee

Based on Hospital Medicare Payment And Volume Measures

62769	SANGAMON	2175446464
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62769	SANGAMON	2175446464
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60402	COOK	7087839100
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60402	COOK	7087839100
-------	------	------------

60402	COOK	7087839100
-------	------	------------

62650	MORGAN	2172459551
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60463	COOK	7089234000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19026.00	23
	\$15218.00	31
	\$17169.00 *	
	\$21465.00	14
	\$32180.00 *	
	\$14857.00 *	
	\$26788.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

140062	PALOS COMMUNITY HOSPITAL	12251 SOUTH 80TH AVENUE
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140063	RUSH OAK PARK HOSPITAL	520 S MAPLE AVE
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140063	RUSH OAK PARK HOSPITAL	520 S MAPLE AVE
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140064	ST MARY MEDICAL CENTER	3333 NORTH SEMINARY
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# knee

Based on Hospital Medicare Payment And Volume Measures

PALOS HEIGHTS IL

OAK PARK IL

OAK PARK IL

GALESBURG IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60463

COOK

7089234000

60304

COOK

7083839300

60304

COOK

7083839300

61401

KNOX

3093443161

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17342.00 \*

\$18279.00 \*

\$14620.00 \*

\$17817.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

140064	ST MARY MEDICAL CENTER	3333 NORTH SEMINARY
140065	ADVENTIST LA GRANGE MEMORIAL HOSPITAL	5101 S WILLOW SPRINGS RD
140065	ADVENTIST LA GRANGE MEMORIAL HOSPITAL	5101 S WILLOW SPRINGS RD
140065	ADVENTIST LA GRANGE MEMORIAL HOSPITAL	5101 S WILLOW SPRINGS RD
140067	SAINT FRANCIS MEDICAL CENTER	530 NE GLEN OAK AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

GALESBURG IL

LA GRANGE IL

LA GRANGE IL

LA GRANGE IL

PEORIA IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61401

KNOX

3093443161

60525

COOK

7083521200

60525

COOK

7083521200

60525

COOK

7083521200

61637

PEORIA

3096552000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$22275.00 \*

\$18324.00 \*

\$26910.00 \*

\$14657.00 \*

\$15963.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

140067	SAINT FRANCIS MEDICAL CENTER	530 NE GLEN OAK AVE
140067	SAINT FRANCIS MEDICAL CENTER	530 NE GLEN OAK AVE
140080	RHC ST FRANCIS HOSPITAL	355 RIDGE AVE
140080	RHC ST FRANCIS HOSPITAL	355 RIDGE AVE
140080	RHC ST FRANCIS HOSPITAL	355 RIDGE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

PEORIA IL

PEORIA IL

EVANSTON IL

EVANSTON IL

EVANSTON IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61637	PEORIA	3096552000
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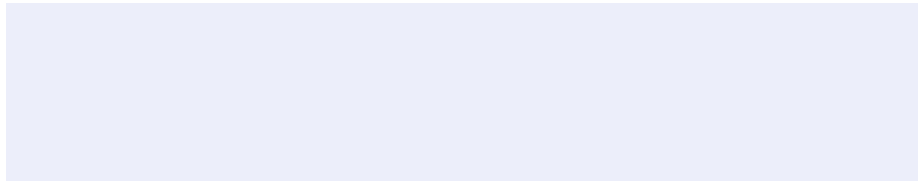
61637	PEORIA	3096552000
60202	COOK	8473164000

60202	COOK	8473164000
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60202	COOK	8473164000
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# knee

Based on Hospital Medicare Payment And Volume Measures

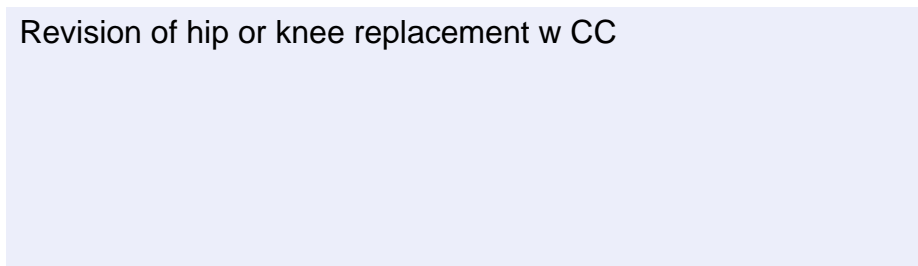


Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

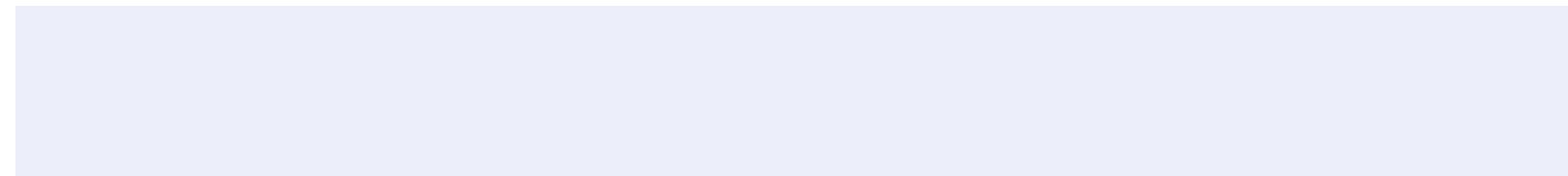
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$29626.00 \*



\$19974.00

20

\$18305.00 \*



\$22895.00 \*

\$33933.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

140082	LOUIS A WEISS MEMORIAL HOSPITAL	4646 N MARINE DRIVE
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140082	LOUIS A WEISS MEMORIAL HOSPITAL	4646 N MARINE DRIVE
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140082	LOUIS A WEISS MEMORIAL HOSPITAL	4646 N MARINE DRIVE
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140084	VISTA MEDICAL CENTER EAST	1324 NORTH SHERIDAN ROAD
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140084	VISTA MEDICAL CENTER EAST	1324 NORTH SHERIDAN ROAD
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140084	VISTA MEDICAL CENTER EAST	1324 NORTH SHERIDAN
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# knee

Based on Hospital Medicare Payment And Volume Measures

	CHICAGO	IL
	CHICAGO	IL
	CHICAGO	IL
	WAUKEGAN	IL
	WAUKEGAN	IL
	WAUKEGAN	IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60640	COOK	7738788700
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60640	COOK	7738788700
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60640	COOK	7738788700
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60085	LAKE	8473604000
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60085	LAKE	8473604000
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60085	LAKE	8473604000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$34653.00 27

\$23364.00 63

\$19032.00 \*

\$15973.00 \*

\$20124.00 \*

\$27984.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

ROAD

140088	THE UNIVERSITY OF CHICAGO MEDICAL CENTER	5841 SOUTH MARYLAND
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140088	THE UNIVERSITY OF CHICAGO MEDICAL CENTER	5841 SOUTH MARYLAND
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140088	THE UNIVERSITY OF CHICAGO MEDICAL CENTER	5841 SOUTH MARYLAND
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140089	MC DONOUGH DISTRICT HOSPITAL	525 EAST GRANT STREET
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140089	MC DONOUGH DISTRICT HOSPITAL	525 EAST GRANT STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL

CHICAGO IL

CHICAGO IL

MACOMB IL

MACOMB IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60637	COOK	7737021000
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60637	COOK	7737021000
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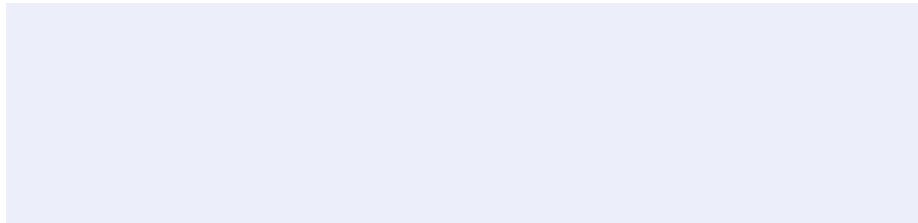
60637	COOK	7737021000
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61455	MCDONOUGH	3098334101
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61455	MCDONOUGH	3098334101
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# knee

Based on Hospital Medicare Payment And Volume Measures

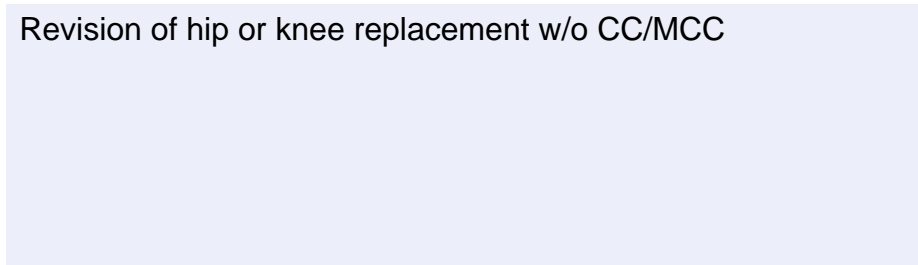


Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

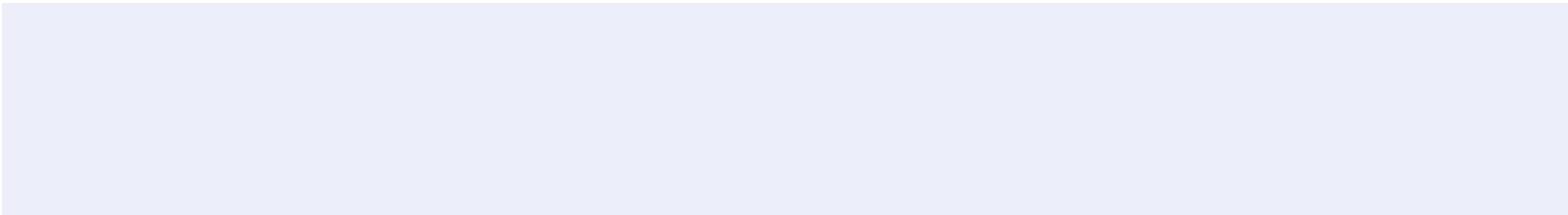
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$41600.00 \*



\$28047.00

15

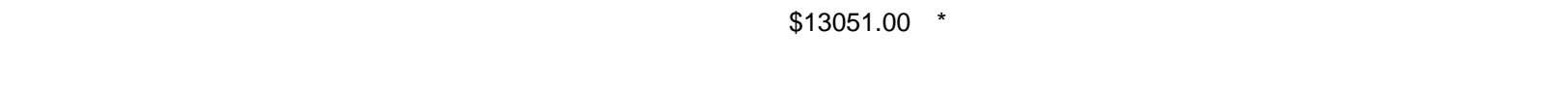


\$22434.00

16



\$12527.00 \*



\$13051.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

140091	CARLE FOUNDATION HOSPITAL	611 WEST PARK STREET
140091	CARLE FOUNDATION HOSPITAL	611 WEST PARK STREET
140091	CARLE FOUNDATION HOSPITAL	611 WEST PARK STREET
140091	CARLE FOUNDATION HOSPITAL	611 WEST PARK STREET
140093	PROVENA UNITED SAMARITANS MEDCTR-LOGAN	812 N LOGAN
140095	SAINT ANTHONY HOSPITAL	2875 WEST 19TH STREET
140101	MORRIS HOSPITAL & HEALTHCARE CENTERS	150 W HIGH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

URBANA IL

URBANA IL

URBANA IL

DANVILLE IL

CHICAGO IL

MORRIS IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61801	CHAMPAIGN	2173833311
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61801	CHAMPAIGN	2173833311
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61801	CHAMPAIGN	2173833311
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61832	VERMILION	2174435000
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60623	COOK	7735211710
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60450	GRUNDY	8159422932
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15913.00 25

\$1530.00 \*

\$15199.00 14

\$12184.00 \*

\$25115.00 \*

\$17333.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140101	MORRIS HOSPITAL & HEALTHCARE CENTERS	150 W HIGH ST
140110	OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER	1100 EAST NORRIS DRIVE
140113	PROVENA COVENANT MEDICAL CENTER- URBANA	1400 WEST PARK AVENUE
140113	PROVENA COVENANT MEDICAL CENTER- URBANA	1400 WEST PARK AVENUE
140114	SWEDISH COVENANT HOSPITAL	5145 N CALIFORNIA AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MORRIS IL

OTTAWA IL

URBANA IL

URBANA IL

CHICAGO IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60450

GRUNDY

8159422932

61350

LA SALLE

8154333100

61801

CHAMPAIGN

2173372000

61801

CHAMPAIGN

2173372000

60625

COOK

7738788200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13864.00 \*

\$14704.00 \*

\$14690.00 \*

\$18355.00 \*

\$22237.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

140114	SWEDISH COVENANT HOSPITAL	5145 N CALIFORNIA AVE
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140114	SWEDISH COVENANT HOSPITAL	5145 N CALIFORNIA AVE
--------	---------------------------	-----------------------

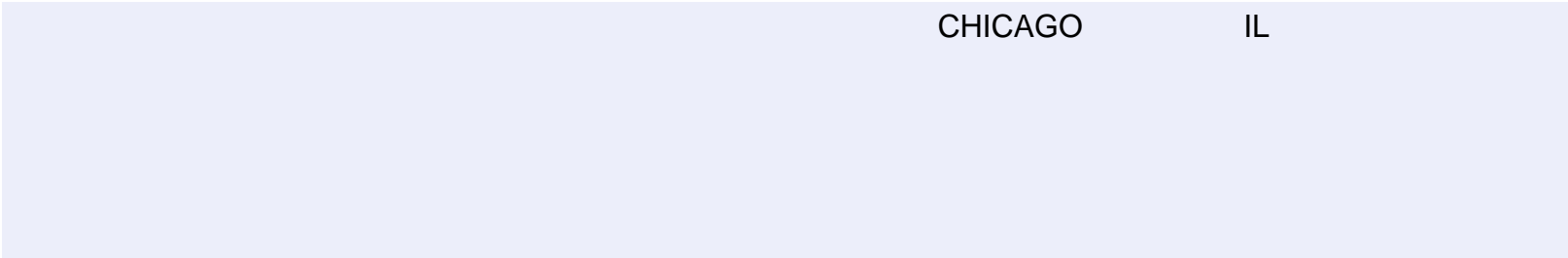
140116	CENTEGRA HEALTH SYSTEM - MC HENRY HOSPITAL	4201 MEDICAL CENTER DRIVE
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140116	CENTEGRA HEALTH SYSTEM - MC HENRY HOSPITAL	4201 MEDICAL CENTER DRIVE
--------	---	------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL



MCHENRY IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60625

COOK

7738788200

60625

COOK

7738788200

60050

MCHENRY

8153445000

60050

MCHENRY

8153445000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$33188.00 \*

\$17786.00 \*

\$25777.00 \*

\$17379.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

140116	CENTEGRA HEALTH SYSTEM - MC HENRY HOSPITAL	4201 MEDICAL CENTER DRIVE
--------	---	------------------------------

140117	RESURRECTION MEDICAL CENTER	7435 W TALCOTT AVENUE
--------	-----------------------------	-----------------------

140117	RESURRECTION MEDICAL CENTER	7435 W TALCOTT AVENUE
--------	-----------------------------	-----------------------

140117	RESURRECTION MEDICAL CENTER	7435 W TALCOTT AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MCHENRY

IL

CHICAGO

IL

CHICAGO

IL

CHICAGO

IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60050	MCHENRY	8153445000
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60631	COOK	7737748000
-------	------	------------

60631	COOK	7737748000
-------	------	------------

60631	COOK	7737748000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13901.00 \*

\$15288.00 \*

\$19094.00 \*

\$26841.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140119	RUSH UNIVERSITY MEDICAL CENTER	1653 WEST CONGRESS PARKWAY
140119	RUSH UNIVERSITY MEDICAL CENTER	1653 WEST CONGRESS PARKWAY
140119	RUSH UNIVERSITY MEDICAL CENTER	1653 WEST CONGRESS PARKWAY
140120	PEKIN MEMORIAL HOSPITAL	600 SOUTH 13TH STREET
140122	HINSDALE HOSPITAL	120 NORTH OAK ST
140122	HINSDALE HOSPITAL	120 NORTH OAK ST
140122	HINSDALE HOSPITAL	120 NORTH OAK ST

# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL

CHICAGO IL

CHICAGO IL

PEKIN IL

HINSDALE IL

HINSDALE IL

HINSDALE IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60612	COOK	3129425000
60612	COOK	3129425000
60612	COOK	3129425000
61554	TAZEWELL	3093471151
60521	DUPAGE	6308569000
60521	DUPAGE	6308569000
60521	DUPAGE	6308569000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21167.00	35
	\$38974.00	20
	\$26462.00	77
	\$13892.00 *	
	\$14511.00 *	
	\$64355.00 *	
	\$18141.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140124	JOHN H STROGER JR HOSPITAL	1901 W HARRISON ST
--------	----------------------------	--------------------

140125	GATEWAY REGIONAL MEDICAL CENTER	2100 MADISON AVENUE
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140127	BROMENN HEALTHCARE	1304 FRANKLIN AVENUE
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140127	BROMENN HEALTHCARE	1304 FRANKLIN AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL

GRANITE CITY IL

NORMAL IL

NORMAL IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60612

COOK

3128646000

62040

MADISON

6187983175

61761

MCLEAN

3094541400

61761

MCLEAN

3094541400

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24169.00 \*

\$16717.00 \*

\$14221.00 \*

\$16322.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

140127	BROMENN HEALTHCARE	1304 FRANKLIN AVENUE
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140130	LAKE FOREST HOSPITAL	660 N WESTMORELAND ROAD
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140130	LAKE FOREST HOSPITAL	660 N WESTMORELAND ROAD
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140130	LAKE FOREST HOSPITAL	660 N WESTMORELAND ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

NORMAL

IL

LAKE FOREST

IL

LAKE FOREST

IL

LAKE FOREST

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61761	MCLEAN	3094541400
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60045	LAKE	8472345600
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60045	LAKE	8472345600
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60045	LAKE	8472345600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26315.00 \*

\$25872.00 \*

\$17443.00 \*

\$13952.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140133	HOLY CROSS HOSPITAL	2701 W 68TH STREET
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140135	DECATUR MEMORIAL HOSPITAL	2300 NORTH EDWARD STREET
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140135	DECATUR MEMORIAL HOSPITAL	2300 NORTH EDWARD STREET
--------	---------------------------	--------------------------

140135	DECATUR MEMORIAL HOSPITAL	2300 NORTH EDWARD STREET
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140143	ST MARGARETS HOSPITAL	600 E 1ST ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL

DECATUR IL

DECATUR IL

DECATUR IL

SPRING VALLEY IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60629	COOK	7734718000
-------	------	------------

62526	MACON	2178778121
-------	-------	------------

62526	MACON	2178778121
-------	-------	------------

62526	MACON	2178778121
-------	-------	------------

61362	BUREAU	8156641362
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16809.00 \*

\$16804.00 \*

\$24892.00 \*

\$13459.00

11

\$13864.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140143	ST MARGARETS HOSPITAL	600 E 1ST ST
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140143	ST MARGARETS HOSPITAL	600 E 1ST ST
--------	-----------------------	--------------

140148	MEMORIAL MEDICAL CENTER	701 N FIRST ST
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140148	MEMORIAL MEDICAL CENTER	701 N FIRST ST
--------	-------------------------	----------------

140148	MEMORIAL MEDICAL CENTER	701 N FIRST ST
--------	-------------------------	----------------

140150	UNIVERSITY OF ILLINOIS HOSPITAL	1740 WEST TAYLOR ST SUITE 1400
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# knee

Based on Hospital Medicare Payment And Volume Measures

SPRING VALLEY IL

SPRING VALLEY IL

SPRINGFIELD IL

SPRINGFIELD IL

SPRINGFIELD IL

CHICAGO IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61362	BUREAU	8156641362
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61362	BUREAU	8156641362
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62781	SANGAMON	2177883000
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62781	SANGAMON	2177883000
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62781	SANGAMON	2177883000
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60612	COOK	3129963900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25709.00 \*

\$17333.00 \*

\$14780.00 37

\$18456.00 23

\$27406.00 \*

\$55754.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

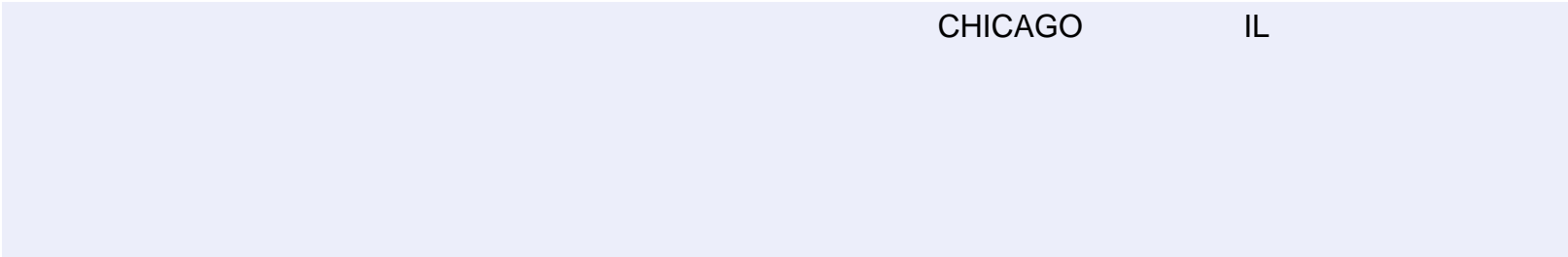
140150	UNIVERSITY OF ILLINOIS HOSPITAL	1740 WEST TAYLOR ST SUITE 1400
140150	UNIVERSITY OF ILLINOIS HOSPITAL	1740 WEST TAYLOR ST SUITE 1400
140151	SACRED HEART HOSPITAL	3240 W FRANKLIN BLVD
140151	SACRED HEART HOSPITAL	3240 W FRANKLIN BLVD
140155	PROVENA ST MARYS HOSPITAL	500 W COURT ST

# knee

Based on Hospital Medicare Payment And Volume Measures



CHICAGO IL



CHICAGO IL



CHICAGO IL

CHICAGO IL

KANKAKEE IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60612	COOK	3129963900
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60612	COOK	3129963900
-------	------	------------

60624	COOK	7737223020
-------	------	------------

60624	COOK	7737223020
-------	------	------------

60901	KANKAKEE	8159372490
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$31638.00 \*

\$25166.00 \*

\$21118.00 \*

\$21931.00 \*

\$19014.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

140155	PROVENA ST MARYS HOSPITAL	500 W COURT ST
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140155	PROVENA ST MARYS HOSPITAL	500 W COURT ST
--------	---------------------------	----------------

140158	MERCY HOSPITAL AND MEDICAL CENTER	2525 S MICHIGAN AVE
--------	--------------------------------------	---------------------

140158	MERCY HOSPITAL AND MEDICAL CENTER	2525 S MICHIGAN AVE
--------	--------------------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

KANKAKEE IL

KANKAKEE IL

CHICAGO IL

CHICAGO IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60901

KANKAKEE

8159372490

60901

KANKAKEE

8159372490

60616

COOK

3125672000

60616

COOK

3125672000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$45298.00 \*

\$15208.00 \*

\$20438.00 \*

\$38023.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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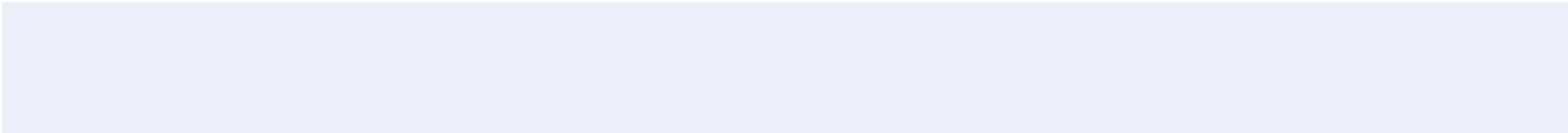
# knee

Based on Hospital Medicare Payment And Volume Measures

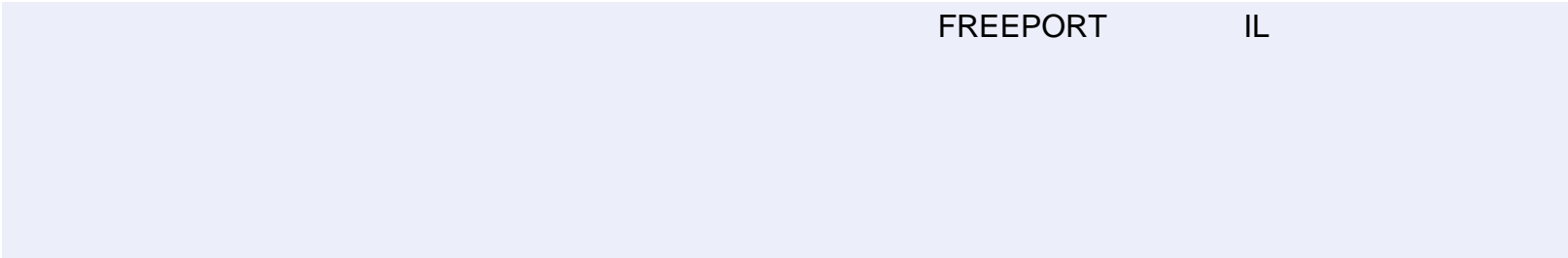
140158	MERCY HOSPITAL AND MEDICAL CENTER	2525 S MICHIGAN AVE
140160	FHN MEMORIAL HOSPITAL	1045 WEST STEPHENSON STREET
140160	FHN MEMORIAL HOSPITAL	1045 WEST STEPHENSON STREET
140161	SAINT JAMES HOSPITAL	2500 WEST REYNOLDS STREET

# knee

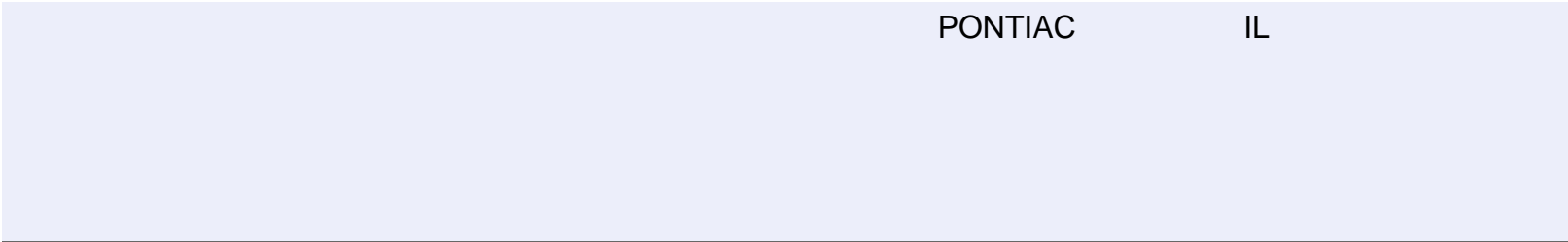
Based on Hospital Medicare Payment And Volume Measures



CHICAGO IL



FREEPORT IL



PONTIAC IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60616	COOK	3125672000
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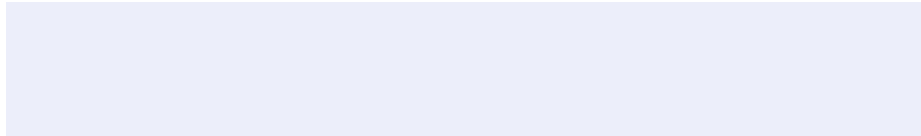
61032	STEPHENSON	8152354131
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61032	STEPHENSON	8152354131
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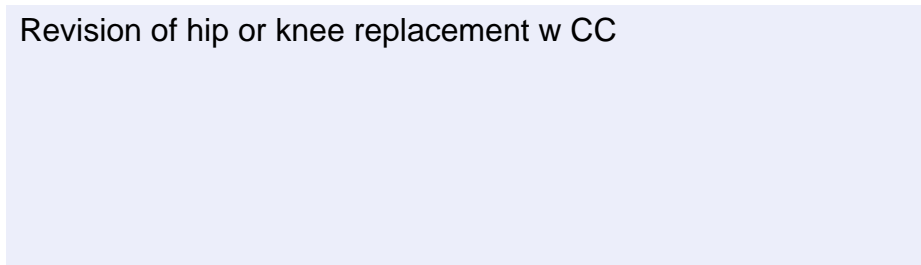
61764	LIVINGSTON	8158422828
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# knee

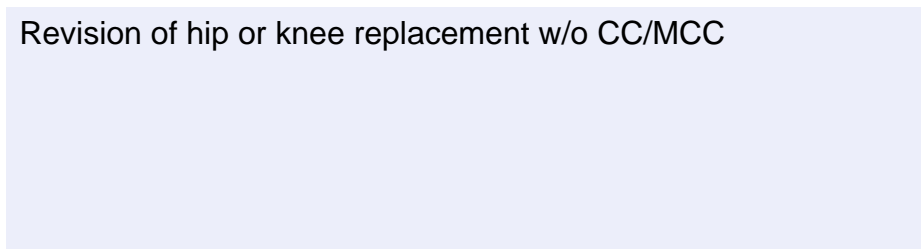
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25611.00 \*

\$61841.00 \*

\$15107.00 \*

\$14405.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140161	SAINT JAMES HOSPITAL	2500 WEST REYNOLDS STREET
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140161	SAINT JAMES HOSPITAL	2500 WEST REYNOLDS STREET
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140162	ST JOSEPH MEDICAL CENTER	2200 E WASHINGTON
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140162	ST JOSEPH MEDICAL CENTER	2200 E WASHINGTON
--------	--------------------------	-------------------

140164	MEMORIAL HOSPITAL OF	405 W JACKSON
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# knee

Based on Hospital Medicare Payment And Volume Measures

PONTIAC IL

PONTIAC IL

BLOOMINGTON IL

BLOOMINGTON IL

CARBONDALE IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61764	LIVINGSTON	8158422828
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61764	LIVINGSTON	8158422828
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61701	MCLEAN	3096623311
-------	--------	------------

61701	MCLEAN	3096623311
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62902	JACKSON	6185490721
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18010.00 \*

\$26714.00 \*

\$25257.00 \*

\$14242.00 \*

\$15106.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CARBONDALE

140164

MEMORIAL HOSPITAL OF  
CARBONDALE

405 W JACKSON

140164

MEMORIAL HOSPITAL OF  
CARBONDALE

405 W JACKSON

140166

ST MARYS HOSPITAL

1800 E LAKE SHORE DR

140172

ST JAMES HOSP & HLTH CTR-  
OLYMPIA FLDS

20201 S CRAWFORD  
AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CARBONDALE IL

CARBONDALE IL

DECATUR IL

OLYMPIA FIELDS IL

# knee

Based on Hospital Medicare Payment And Volume Measures

62902

JACKSON

6185490721

62902

JACKSON

6185490721

62521

MACON

2174647000

60461

COOK

7087474000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18818.00 \*

\$27901.00 \*

\$15056.00 \*

\$16894.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140172	ST JAMES HOSP & HLTH CTR- OLYMPIA FLDS	20201 S CRAWFORD AVENUE
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140174	PROVENA MERCY MEDICAL CENTER	1325 N HIGHLAND AVENUE
--------	------------------------------	------------------------

140174	PROVENA MERCY MEDICAL CENTER	1325 N HIGHLAND AVENUE
--------	------------------------------	------------------------

140174	PROVENA MERCY MEDICAL CENTER	1325 N HIGHLAND AVENUE
--------	------------------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

OLYMPIA FIELDS IL

AURORA IL

AURORA IL

AURORA IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60461	COOK	7087474000
-------	------	------------

60506	KANE	6308592222
-------	------	------------

60506	KANE	6308592222
-------	------	------------

60506	KANE	6308592222
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21123.00 \*

\$18882.00 \*

\$48404.00 \*

\$15103.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140176	CENTEGRA HEALTH SYSTEM - WOODSTOCK HOSPITAL	3701 DOTY ROAD
140176	CENTEGRA HEALTH SYSTEM - WOODSTOCK HOSPITAL	3701 DOTY ROAD
140176	CENTEGRA HEALTH SYSTEM - WOODSTOCK HOSPITAL	3701 DOTY ROAD
140179	LITTLE COMPANY OF MARY HOSPITAL	2800 W 95TH ST
140180	ST MARY & ELIZABETH MED CTR-	2233 W DIVISION ST

# knee

Based on Hospital Medicare Payment And Volume Measures

WOODSTOCK IL

WOODSTOCK IL

WOODSTOCK IL

EVERGREEN  
PARK IL

CHICAGO IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60098	MCHENRY	8157885823
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60098	MCHENRY	8157885823
-------	---------	------------

60098	MCHENRY	8157885823
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60805	COOK	7084226200
-------	------	------------

60622	COOK	3126335896
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14582.00 \*

\$27052.00 \*

\$18239.00 \*

\$18793.00 \*

\$25345.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## DIVISION CAMPUS

140180	ST MARY & ELIZABETH MED CTR- DIVISION CAMPUS	2233 W DIVISION ST
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140182	ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	836 WEST WELLINGTON AVENUE
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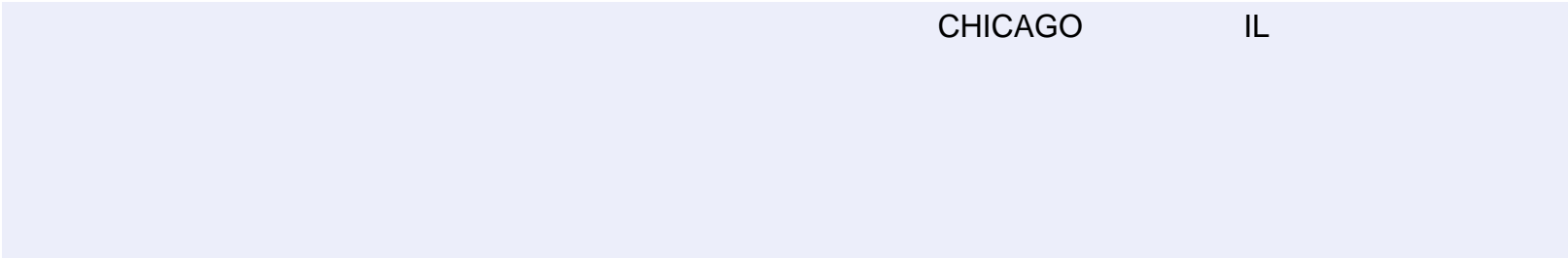
140182	ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	836 WEST WELLINGTON AVENUE
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140182	ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	836 WEST WELLINGTON AVENUE
--------	---	-------------------------------

# knee

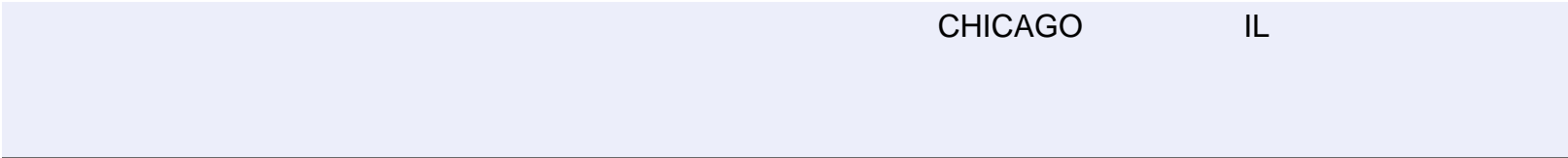
Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL



CHICAGO IL

CHICAGO IL



CHICAGO IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60622

COOK

3126335896

60657

COOK

7739751600

60657

COOK

7739751600

60657

COOK

7739751600

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20806.00 \*

\$21575.00 \*

\$36052.00 \*

\$30037.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

140184	HEARTLAND REGIONAL MEDICAL CENTER	3333 W DE YOUNG
140184	HEARTLAND REGIONAL MEDICAL CENTER	3333 W DE YOUNG
140185	MEMORIAL HOSPITAL	4500 MEMORIAL DRIVE
140185	MEMORIAL HOSPITAL	4500 MEMORIAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MARION

IL

MARION

IL

BELLEVILLE

IL

BELLEVILLE

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

62959

WILLIAMSON

6189987000

62959

WILLIAMSON

6189987000

62226

SAINT CLAIR

6182337750

62226

SAINT CLAIR

6182337750

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17337.00 \*

\$13917.00 \*

\$13453.00 \*

\$15417.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140186	RIVERSIDE MEDICAL CENTER	350 N WALL ST
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140186	RIVERSIDE MEDICAL CENTER	350 N WALL ST
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140186	RIVERSIDE MEDICAL CENTER	350 N WALL ST
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140187	ST ELIZABETH HOSPITAL	211 S THIRD ST
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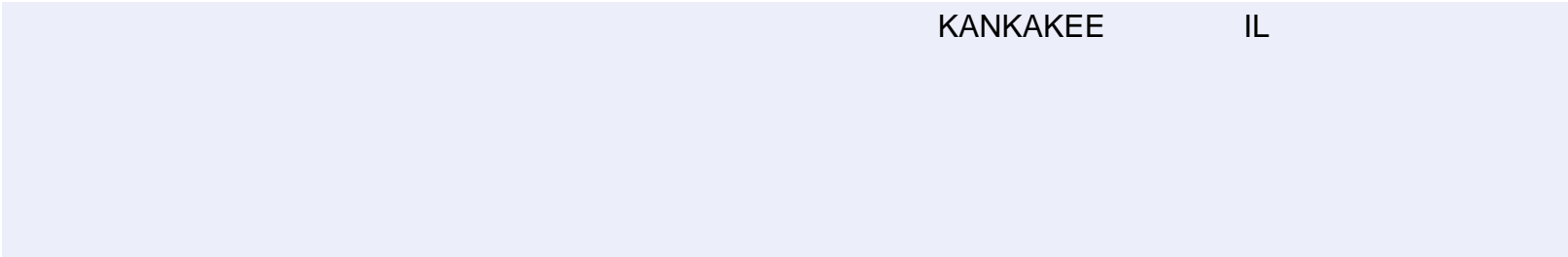
140189	SARAH BUSH LINCOLN HEALTH	1000 HEALTH CENTER
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# knee

Based on Hospital Medicare Payment And Volume Measures

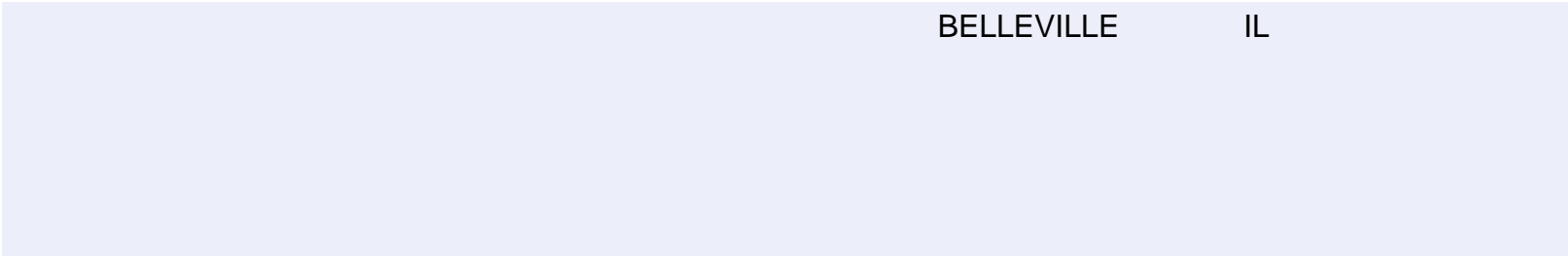


KANKAKEE IL



KANKAKEE IL

KANKAKEE IL



BELLEVILLE IL

MATTOON IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60901

KANKAKEE

8159331671

60901

KANKAKEE

8159331671

60901

KANKAKEE

8159331671

62222

SAINT CLAIR

6182342120

61938

COLES

2172582572

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19832.00 \*

\$29826.00 \*

\$16236.00 \*

\$13415.00 \*

\$22570.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

	CENTER	DRIVE P O BOX 372
140189	SARAH BUSH LINCOLN HEALTH CENTER	1000 HEALTH CENTER DRIVE P O BOX 372
140191	INGALLS MEMORIAL HOSPITAL	ONE INGALLS DRIVE
140191	INGALLS MEMORIAL HOSPITAL	ONE INGALLS DRIVE
140191	INGALLS MEMORIAL HOSPITAL	ONE INGALLS DRIVE
140200	ELMHURST MEMORIAL HOSPITAL	200 BERTEAU AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MATTOON IL

HARVEY IL

HARVEY IL

HARVEY IL

ELMHURST IL



# knee

Based on Hospital Medicare Payment And Volume Measures

61938	COLES	2172582572
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60426	COOK	7083332300
60426	COOK	7083332300

60426	COOK	7083332300
60126	DUPAGE	6308331400

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12630.00 \*

\$15497.00

16

\$16145.00 \*

\$25313.00 \*

\$13883.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

140200

ELMHURST MEMORIAL HOSPITAL

200 BERTEAU AVE

140202

ADVOCATE CONDELL MEDICAL  
CENTER

801 S MILWAUKEE AVE

140202

ADVOCATE CONDELL MEDICAL  
CENTER

801 S MILWAUKEE AVE

140202

ADVOCATE CONDELL MEDICAL  
CENTER

801 S MILWAUKEE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

ELMHURST IL

LIBERTYVILLE IL

LIBERTYVILLE IL

LIBERTYVILLE IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60126

DUPAGE

6308331400

60048

LAKE

8479905200

60048

LAKE

8479905200

60048

LAKE

8479905200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17346.00 \*

\$18498.00 \*

\$26362.00 \*

\$14796.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140208	ADVOCATE CHRIST HOSPITAL & MEDICAL CENTER	4440 W 95TH STREET
140208	ADVOCATE CHRIST HOSPITAL & MEDICAL CENTER	4440 W 95TH STREET
140208	ADVOCATE CHRIST HOSPITAL & MEDICAL CENTER	4440 W 95TH STREET
140209	METHODIST MEDICAL CENTER OF ILLINOIS	221 N E GLEN OAK AVE
140209	METHODIST MEDICAL CENTER OF ILLINOIS	221 N E GLEN OAK AVE
140209	METHODIST MEDICAL CENTER OF ILLINOIS	221 N E GLEN OAK AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

OAK LAWN IL

OAK LAWN IL

OAK LAWN IL

PEORIA IL

PEORIA IL

PEORIA IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60453	COOK	7086848000
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60453	COOK	7086848000
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60453	COOK	7086848000
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61636	PEORIA	3096725522
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61636	PEORIA	3096725522
-------	--------	------------

61636	PEORIA	3096725522
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$17549.00 \*

\$30783.00

13

\$21940.00

25

\$15888.00 \*

\$28279.00 \*

\$15249.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140211	DELNOR COMMUNITY HOSPITAL	300 RANDALL RD
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140211	DELNOR COMMUNITY HOSPITAL	300 RANDALL RD
--------	---------------------------	----------------

140211	DELNOR COMMUNITY HOSPITAL	300 RANDALL RD
--------	---------------------------	----------------

140213	SILVER CROSS HOSPITAL	1200 MAPLE RD
--------	-----------------------	---------------

# knee

Based on Hospital Medicare Payment And Volume Measures

GENEVA

IL

GENEVA

IL

GENEVA

IL

JOLIET

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60134

KANE

6302083000

60134

KANE

6302083000

60134

KANE

6302083000

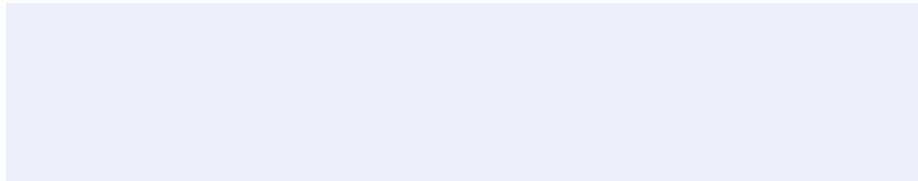
60432

WILL

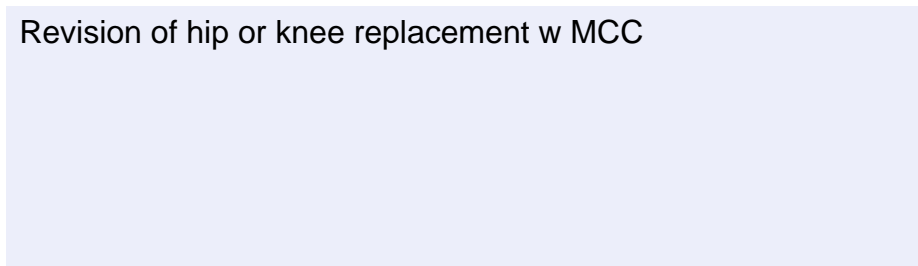
8157401100

# knee

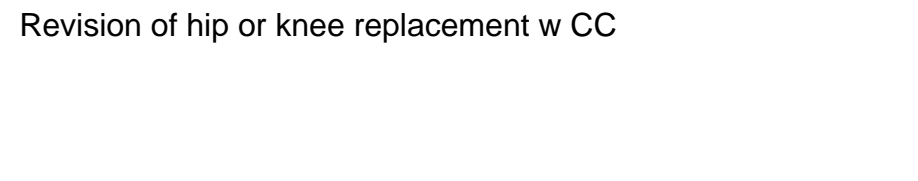
Based on Hospital Medicare Payment And Volume Measures



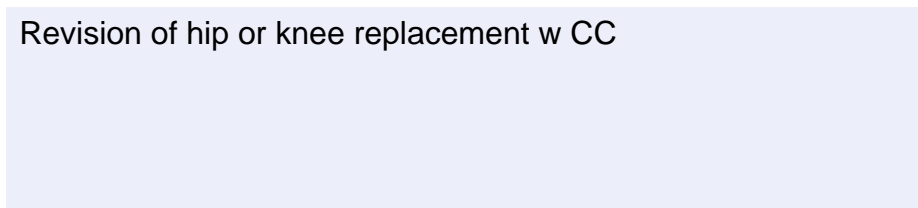
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13875.00 \*

\$27833.00 \*

\$17347.00 \*

\$19093.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140213

SILVER CROSS HOSPITAL

1200 MAPLE RD

140213

SILVER CROSS HOSPITAL

1200 MAPLE RD

140217

PROVENA - SAINT JOSEPH  
HOSPITAL

77 N AIRLITE STREET

140217

PROVENA - SAINT JOSEPH  
HOSPITAL

77 N AIRLITE STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

JOLIET

IL

JOLIET

IL

ELGIN

IL

ELGIN

IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60432

WILL

8157401100

60432

WILL

8157401100

60123

KANE

8476953200

60123

KANE

8476953200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27272.00 \*

\$15164.00 \*

\$13892.00 \*

\$23325.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140217	PROVENA - SAINT JOSEPH HOSPITAL	77 N AIRLITE STREET
140223	ADVOCATE LUTHERAN GENERAL HOSPITAL	1775 DEMPSTER ST
140223	ADVOCATE LUTHERAN GENERAL HOSPITAL	1775 DEMPSTER ST
140223	ADVOCATE LUTHERAN GENERAL HOSPITAL	1775 DEMPSTER ST
140224	SAINT JOSEPH HOSPITAL	2900 NORTH LAKE SHORE DRIVE
140224	SAINT JOSEPH HOSPITAL	2900 NORTH LAKE SHORE DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

ELGIN IL

PARK RIDGE IL

PARK RIDGE IL

PARK RIDGE IL

CHICAGO IL

CHICAGO IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60123	KANE	8476953200
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60068	COOK	8477232210
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60068	COOK	8477232210
-------	------	------------

60068	COOK	8477232210
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60657	COOK	7736653000
-------	------	------------

60657	COOK	7736653000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17369.00 \*

\$21707.00

25

\$32197.00 \*

\$17363.00

11

\$18405.00 \*

\$33800.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

140224	SAINT JOSEPH HOSPITAL	2900 NORTH LAKE SHORE DRIVE
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140228	SWEDISH AMERICAN HOSPITAL	1401 EAST STATE STREET
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140228	SWEDISH AMERICAN HOSPITAL	1401 EAST STATE STREET
--------	---------------------------	------------------------

140228	SWEDISH AMERICAN HOSPITAL	1401 EAST STATE STREET
--------	---------------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL

ROCKFORD IL

ROCKFORD IL

ROCKFORD IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60657	COOK	7736653000
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61104	WINNEBAGO	8159684400
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61104	WINNEBAGO	8159684400
-------	-----------	------------

61104	WINNEBAGO	8159684400
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22970.00 \*

\$17673.00 \*

\$26891.00 \*

\$14335.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140231	EDWARD HOSPITAL	801 SOUTH WASHINGTON
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140231	EDWARD HOSPITAL	801 SOUTH WASHINGTON
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140231	EDWARD HOSPITAL	801 SOUTH WASHINGTON
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140233	SAINT ANTHONY MEDICAL CENTER	5666 EAST STATE STREET
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140233	SAINT ANTHONY MEDICAL CENTER	5666 EAST STATE STREET
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140234	ILLINOIS VALLEY COMMUNITY	925 WEST ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

NAPERVILLE IL

NAPERVILLE IL

NAPERVILLE IL

ROCKFORD IL

ROCKFORD IL

PERU IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60540	DUPAGE	6305273000
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60540	DUPAGE	6305273000
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60540	DUPAGE	6305273000
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61108	WINNEBAGO	8152262000
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61108	WINNEBAGO	8152262000
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61354	LA SALLE	8152233300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

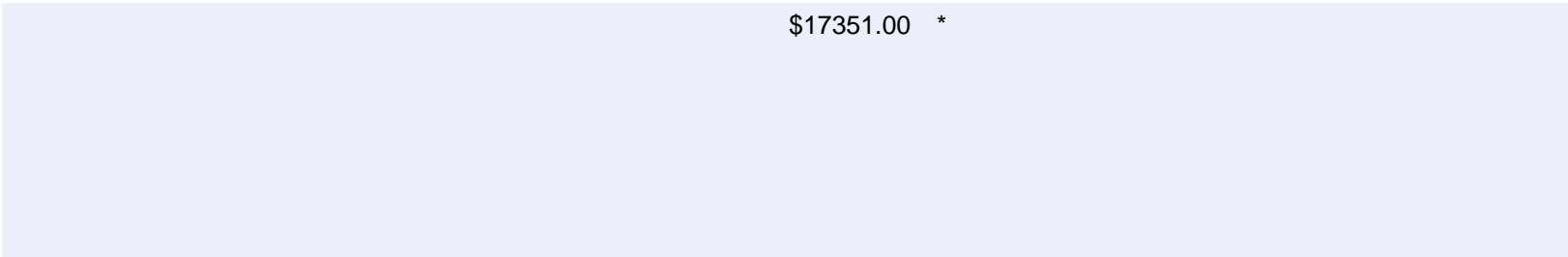
Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13879.00 \*

\$25736.00 \*



\$17351.00 \*

\$16847.00 \*



\$13475.00

12

\$19073.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITAL

140239	ROCKFORD MEMORIAL HOSPITAL	2400 NORTH ROCKTON AVENUE
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140239	ROCKFORD MEMORIAL HOSPITAL	2400 NORTH ROCKTON AVENUE
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140239	ROCKFORD MEMORIAL HOSPITAL	2400 NORTH ROCKTON AVENUE
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140240	WESTLAKE COMMUNITY HOSPITAL	1225 LAKE ST
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140240	WESTLAKE COMMUNITY HOSPITAL	1225 LAKE ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

ROCKFORD IL

ROCKFORD IL

ROCKFORD IL

MELROSE PARK IL

MELROSE PARK IL



# knee

Based on Hospital Medicare Payment And Volume Measures

61103	WINNEBAGO	8159686861
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61103	WINNEBAGO	8159686861
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61103	WINNEBAGO	8159686861
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60160	COOK	7089384000
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60160	COOK	7089384000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16478.00

14

\$31145.00 \*

\$15817.00 \*

\$16530.00 \*

\$33018.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

140240	WESTLAKE COMMUNITY HOSPITAL	1225 LAKE ST
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140242	CENTRAL DUPAGE HOSPITAL	25 NORTH WINFIELD ROAD
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140242	CENTRAL DUPAGE HOSPITAL	25 NORTH WINFIELD ROAD
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140242	CENTRAL DUPAGE HOSPITAL	25 NORTH WINFIELD ROAD
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140250	ADVOCATE SOUTH SUBURBAN HOSPITAL	17800 S KEDZIE AVE
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140250	ADVOCATE SOUTH SUBURBAN HOSPITAL	17800 S KEDZIE AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MELROSE PARK IL

WINFIELD IL

WINFIELD IL

WINFIELD IL

HAZEL CREST IL

HAZEL CREST IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60160	COOK	7089384000
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60190	DUPAGE	6306821600
-------	--------	------------

60190	DUPAGE	6306821600
-------	--------	------------

60190	DUPAGE	6306821600
-------	--------	------------

60429	COOK	7087998000
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60429	COOK	7087998000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$22261.00 \*

\$17356.00	77
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\$25753.00	11
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\$13888.00	35
------------	----

\$27488.00 \*

\$18545.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140251	OUR LADY OF THE RESURRECTION MED CTR	5645 W ADDISON
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140251	OUR LADY OF THE RESURRECTION MED CTR	5645 W ADDISON
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140252	NORTHWEST COMMUNITY HOSPITAL	800 W CENTRAL ROAD
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140252	NORTHWEST COMMUNITY HOSPITAL	800 W CENTRAL ROAD
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140252	NORTHWEST COMMUNITY HOSPITAL	800 W CENTRAL ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

CHICAGO IL

CHICAGO IL

ARLINGTON  
HEIGHTS IL

ARLINGTON  
HEIGHTS IL

ARLINGTON  
HEIGHTS IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60634	COOK	7732827000
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60634	COOK	7732827000
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60005	COOK	8476181000
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60005	COOK	8476181000
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60005	COOK	8476181000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17339.00 \*

\$166.00 \*

\$13885.00 \*

\$17351.00

20

\$23372.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

140258	ALEXIAN BROTHERS MEDICAL CENTER	800 W BIESTERFIELD RD
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140258	ALEXIAN BROTHERS MEDICAL CENTER	800 W BIESTERFIELD RD
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140258	ALEXIAN BROTHERS MEDICAL CENTER	800 W BIESTERFIELD RD
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140275	GENESIS MEDICAL CENTER ILLINI CAMPUS	801 ILLINI DRIVE
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140275	GENESIS MEDICAL CENTER ILLINI CAMPUS	801 ILLINI DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ELK GROVE  
VILLAGE IL

ELK GROVE  
VILLAGE IL

ELK GROVE  
VILLAGE IL

SILVIS IL

SILVIS IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60007	COOK	8474375500
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60007	COOK	8474375500
-------	------	------------

60007	COOK	8474375500
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61282	ROCK ISLAND	3097929363
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61282	ROCK ISLAND	3097929363
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17406.00 \*

\$17359.00 \*

\$13892.00 \*

\$13629.00 \*

\$17019.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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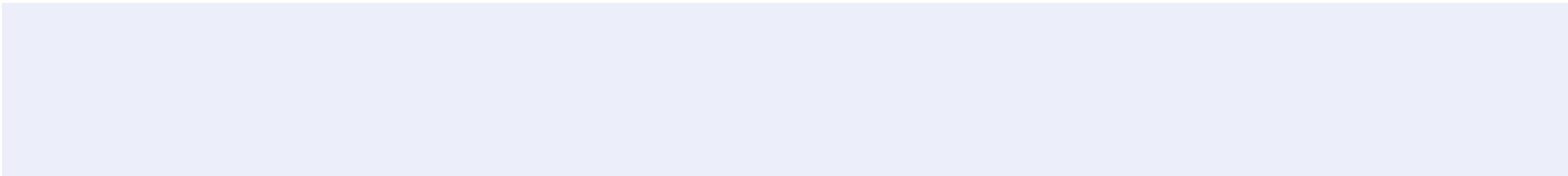
# knee

Based on Hospital Medicare Payment And Volume Measures

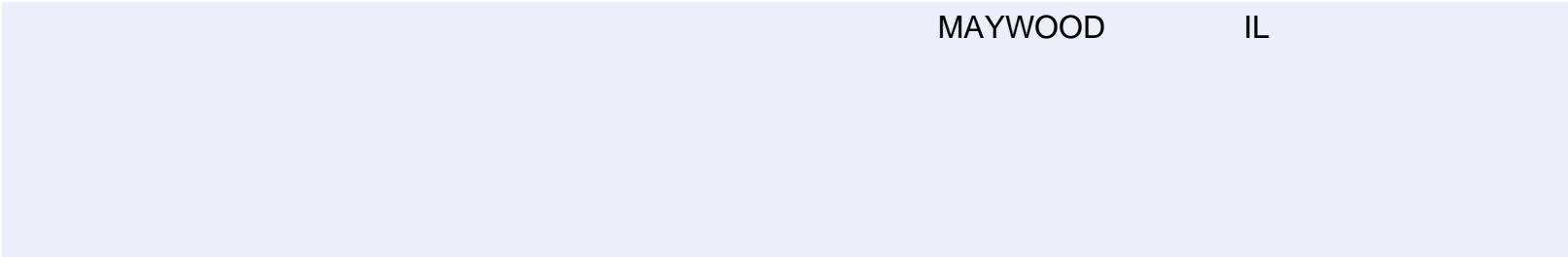
140275	GENESIS MEDICAL CENTER ILLINI CAMPUS	801 ILLINI DRIVE
140276	LOYOLA UNIVERSITY MEDICAL CENTER	2160 S 1ST AVENUE
140276	LOYOLA UNIVERSITY MEDICAL CENTER	2160 S 1ST AVENUE
140276	LOYOLA UNIVERSITY MEDICAL CENTER	2160 S 1ST AVENUE
140280	TRINITY ROCK ISLAND	2701 17TH ST

# knee

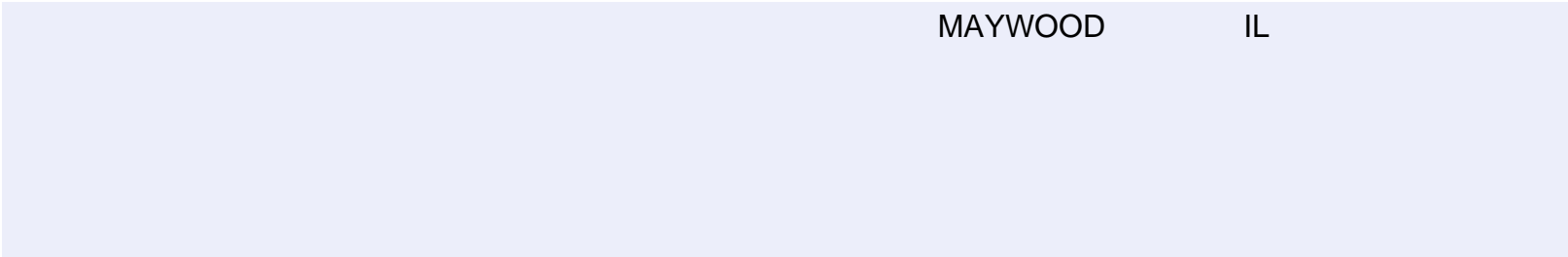
Based on Hospital Medicare Payment And Volume Measures



SILVIS IL



MAYWOOD IL



MAYWOOD IL



ROCK ISLAND IL



# knee

Based on Hospital Medicare Payment And Volume Measures

61282

ROCK ISLAND

3097929363

60153

COOK

7082169000

60153

COOK

7082169000

60153

COOK

7082169000

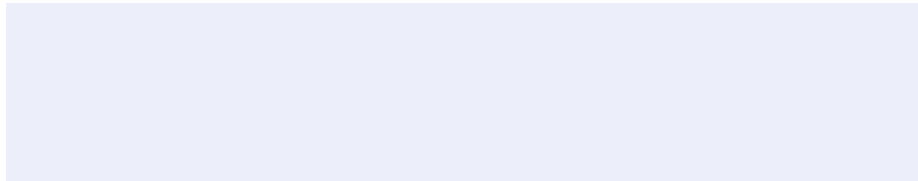
61201

ROCK ISLAND

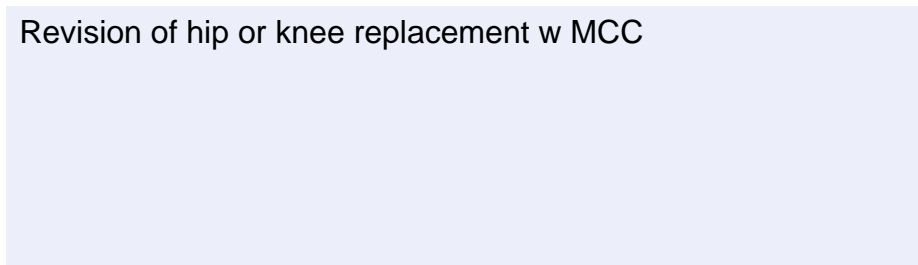
3097795000

# knee

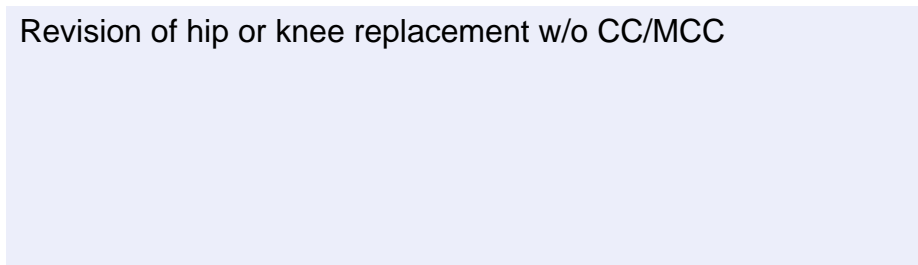
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



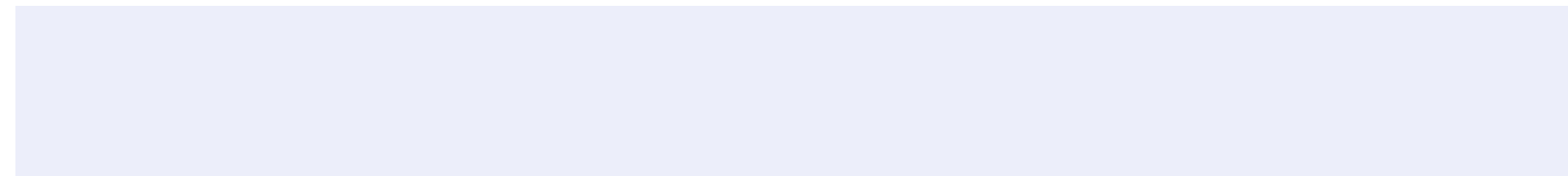
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$25272.00 \*



\$36367.00 \*

\$24588.00

16



\$19612.00 \*

\$13112.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

140280	TRINITY ROCK ISLAND	2701 17TH ST
140280	TRINITY ROCK ISLAND	2701 17TH ST
140281	NORTHWESTERN MEMORIAL HOSPITAL	251 E HURON ST
140281	NORTHWESTERN MEMORIAL HOSPITAL	251 E HURON ST
140281	NORTHWESTERN MEMORIAL HOSPITAL	251 E HURON ST
140286	KISHWAUKEE COMMUNITY HOSPITAL	ONE KISH HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

ROCK ISLAND IL

ROCK ISLAND IL

CHICAGO IL

CHICAGO IL

CHICAGO IL

DEKALB IL

# knee

Based on Hospital Medicare Payment And Volume Measures

61201	ROCK ISLAND	3097795000
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61201	ROCK ISLAND	3097795000
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60611	COOK	3129262000
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60611	COOK	3129262000
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60611	COOK	3129262000
-------	------	------------

60115	DEKALB	8157561521
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16393.00 13

\$24314.00 \*

\$17557.00 \*

\$21809.00 18

\$17473.00 37

\$47052.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140286	KISHWAUKEE COMMUNITY HOSPITAL	ONE KISH HOSPITAL DRIVE
140288	ADVOCATE GOOD SAMARITAN HOSPITAL	3815 HIGHLAND AVENUE
140288	ADVOCATE GOOD SAMARITAN HOSPITAL	3815 HIGHLAND AVENUE
140288	ADVOCATE GOOD SAMARITAN HOSPITAL	3815 HIGHLAND AVENUE
140289	ANDERSON HOSPITAL	6800 STATE ROUTE 162

# knee

Based on Hospital Medicare Payment And Volume Measures

DEKALB

IL

DOWNERS  
GROVE

IL

DOWNERS  
GROVE

IL

DOWNERS  
GROVE

IL

MARYVILLE

IL

# knee

Based on Hospital Medicare Payment And Volume Measures

60115	DEKALB	8157561521
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60515	DUPAGE	6302755900
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60515	DUPAGE	6302755900
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60515	DUPAGE	6302755900
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62062	MADISON	6182885711
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18068.00 \*

\$1024.00 \*

\$17357.00 \*

\$31688.00 \*

\$13142.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

140289	ANDERSON HOSPITAL	6800 STATE ROUTE 162
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140289	ANDERSON HOSPITAL	6800 STATE ROUTE 162
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140290	ST ALEXIUS MEDICAL CENTER	1555 N BARRINGTON RD
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140290	ST ALEXIUS MEDICAL CENTER	1555 N BARRINGTON RD
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140290	ST ALEXIUS MEDICAL CENTER	1555 N BARRINGTON RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

MARYVILLE IL

MARYVILLE IL

HOFFMAN  
ESTATES IL

HOFFMAN  
ESTATES IL

HOFFMAN IL

# knee

Based on Hospital Medicare Payment And Volume Measures

62062	MADISON	6182885711
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62062	MADISON	6182885711
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60194	COOK	8478432000
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60194	COOK	8478432000
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60194	COOK	8478432000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15066.00 \*

\$24370.00 \*

\$26686.00 \*

\$17992.00

14

\$14925.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

140291	ADVOCATE GOOD SHEPHERD HOSPITAL	450 WEST HIGHWAY 22
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140291	ADVOCATE GOOD SHEPHERD HOSPITAL	450 WEST HIGHWAY 22
--------	------------------------------------	---------------------

140291	ADVOCATE GOOD SHEPHERD HOSPITAL	450 WEST HIGHWAY 22
--------	------------------------------------	---------------------

140294	CROSSROADS COMMUNITY HOSPITAL	8 DOCTORS PARK ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

ESTATES

BARRINGTON IL

BARRINGTON IL

BARRINGTON IL

MOUNT VERNON IL



# knee

Based on Hospital Medicare Payment And Volume Measures

60010

LAKE

8473819600

60010

LAKE

8473819600

60010

LAKE

8473819600

62864

JEFFERSON

6182445500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13954.00 \*

\$17445.00 \*

\$25878.00 \*

\$15442.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

140294	CROSSROADS COMMUNITY HOSPITAL	8 DOCTORS PARK ROAD
140304	ADVENTIST BOLINGBROOK HOSPITAL	500 REMINGTON BOULEVARD
140304	ADVENTIST BOLINGBROOK HOSPITAL	500 REMINGTON BOULEVARD
150002	METHODIST HOSPITALS, INC	600 GRANT STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

MOUNT VERNON IL

BOLINGBROOK IL

BOLINGBROOK IL

GARY IN

# knee

Based on Hospital Medicare Payment And Volume Measures

62864

JEFFERSON

6182445500

60440

WILL

6302268100

60440

WILL

6302268100

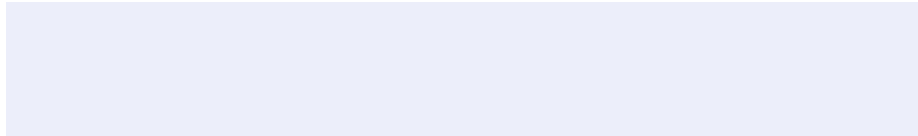
46402

LAKE

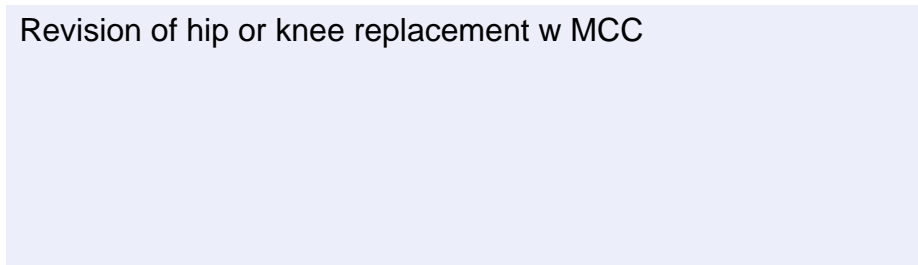
2198864601

# knee

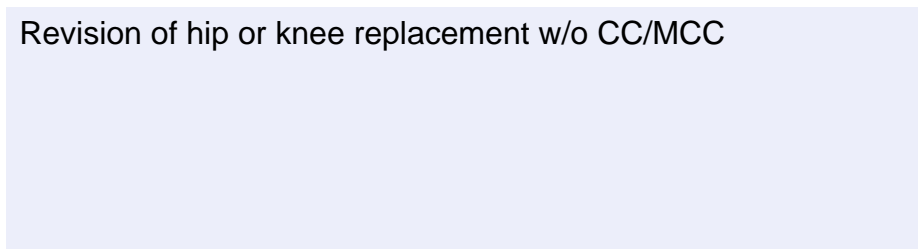
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC





# knee

Based on Hospital Medicare Payment And Volume Measures

\$23227.00 \*

\$53408.00 \*

\$23195.00 \*

\$16374.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

150002	METHODIST HOSPITALS, INC	600 GRANT STREET
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150003	ST ELIZABETH CENTRAL	1501 HARTFORD ST
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150003	ST ELIZABETH CENTRAL	1501 HARTFORD ST
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150003	ST ELIZABETH CENTRAL	1501 HARTFORD ST
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150006	LAPORTE HOSPITAL AND HEALTH	1007 LINCOLN WAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

GARY

IN

LAFAYETTE

IN

LAFAYETTE

IN

LAFAYETTE

IN

LA PORTE

IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46402	LAKE	2198864601
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47904	TIPPECANOE	7654236011
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47904	TIPPECANOE	7654236011
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47904	TIPPECANOE	7654236011
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46350	LA PORTE	2193261234
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24430.00 \*

\$23710.00 \*

\$13322.00 \*

\$12787.00 \*

\$13556.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## SERVICES

150006	LAPORTE HOSPITAL AND HEALTH SERVICES	1007 LINCOLN WAY
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150006	LAPORTE HOSPITAL AND HEALTH SERVICES	1007 LINCOLN WAY
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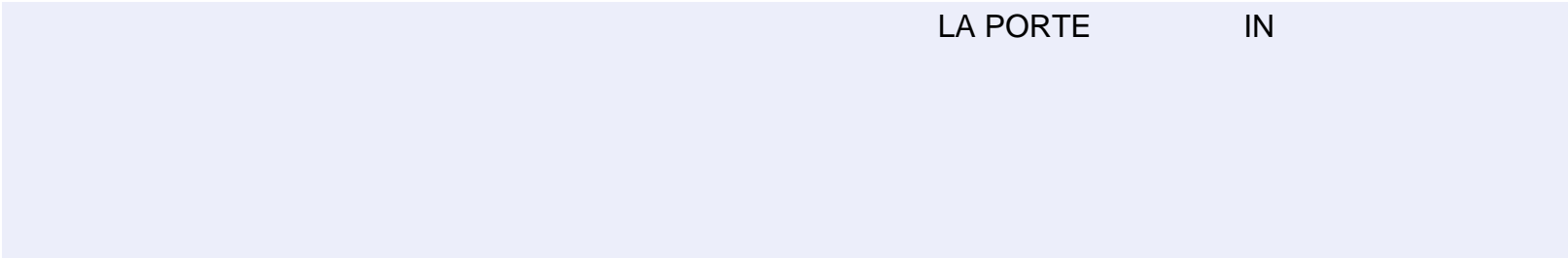
150008	ST CATHERINE HOSPITAL INC	4321 FIR STREET
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150008	ST CATHERINE HOSPITAL INC	4321 FIR STREET
--------	---------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LA PORTE IN



EAST CHICAGO IN



# knee

Based on Hospital Medicare Payment And Volume Measures

46350

LA PORTE

2193261234

46350

LA PORTE

2193261234

46312

LAKE

2193927004

46312

LAKE

2193927004

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25137.00 \*

\$16948.00 \*

\$16177.00 \*

\$16535.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

150009	CLARK MEMORIAL HOSPITAL	1220 MISSOURI AVENUE
150009	CLARK MEMORIAL HOSPITAL	1220 MISSOURI AVENUE
150011	MARION GENERAL HOSPITAL	441 N WABASH AVE
150011	MARION GENERAL HOSPITAL	441 N WABASH AVE
150011	MARION GENERAL HOSPITAL	441 N WABASH AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

JEFFERSONVILLE IN

JEFFERSONVILLE IN

MARION IN

MARION IN

MARION IN



# knee

Based on Hospital Medicare Payment And Volume Measures

47130	CLARK	8122832142
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47130	CLARK	8122832142
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46952	GRANT	7656624684
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46952	GRANT	7656624684
-------	-------	------------

46952	GRANT	7656624684
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17882.00	11
	\$14303.00 *	
	\$18198.00 *	
	\$23899.00 *	
	\$14672.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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disclosed to protect personal  
health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

150012	SAINT JOSEPH REGIONAL MEDICAL CENTER	5215 HOLY CROSS PKWY
150012	SAINT JOSEPH REGIONAL MEDICAL CENTER	5215 HOLY CROSS PKWY
150012	SAINT JOSEPH REGIONAL MEDICAL CENTER	5215 HOLY CROSS PKWY
150015	FRANCISCAN ST ANTHONY HEALTH - MICHIGAN CITY	301 W HOMER ST
150017	LUTHERAN HOSPITAL OF INDIANA	7950 W JEFFERSON BOULEVARD
150017	LUTHERAN HOSPITAL OF INDIANA	7950 W JEFFERSON BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

MISHAWAKA IN

MISHAWAKA IN

MISHAWAKA IN

MICHIGAN CITY IN

FORT WAYNE IN

FORT WAYNE IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46545	ST JOSEPH	5743355000
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46545	ST JOSEPH	5743355000
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46545	ST JOSEPH	5743355000
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46360	LA PORTE	2198798511
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46804	ALLEN	2604357001
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46804	ALLEN	2604357001
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14888.00

32

\$11771.00 \*

\$18613.00

40

\$26153.00 \*

\$167.00 \*

\$25076.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

150017	LUTHERAN HOSPITAL OF INDIANA	7950 W JEFFERSON BOULEVARD
150018	ELKHART GENERAL HOSPITAL	600 EAST BLVD
150018	ELKHART GENERAL HOSPITAL	600 EAST BLVD
150021	PARKVIEW HOSPITAL	2200 RANDALIA DR
150021	PARKVIEW HOSPITAL	2200 RANDALIA DR
150021	PARKVIEW HOSPITAL	2200 RANDALIA DR

# knee

Based on Hospital Medicare Payment And Volume Measures

FORT WAYNE	IN
------------	----

ELKHART	IN
---------	----

ELKHART	IN
---------	----

FORT WAYNE	IN
------------	----

FORT WAYNE	IN
------------	----

FORT WAYNE	IN
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

46804	ALLEN	2604357001
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46514	ELKHART	5742942621
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46514	ELKHART	5742942621
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46805	ALLEN	2603734000
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46805	ALLEN	2603734000
-------	-------	------------

46805	ALLEN	2603734000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$16948.00	*
			\$17079.00	12
			\$13710.00	16
			\$13903.00	*
			\$26031.00	*
			\$17382.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

150023

UNION HOSPITAL INC

1606 N SEVENTH ST

150023

UNION HOSPITAL INC

1606 N SEVENTH ST

150023

UNION HOSPITAL INC

1606 N SEVENTH ST

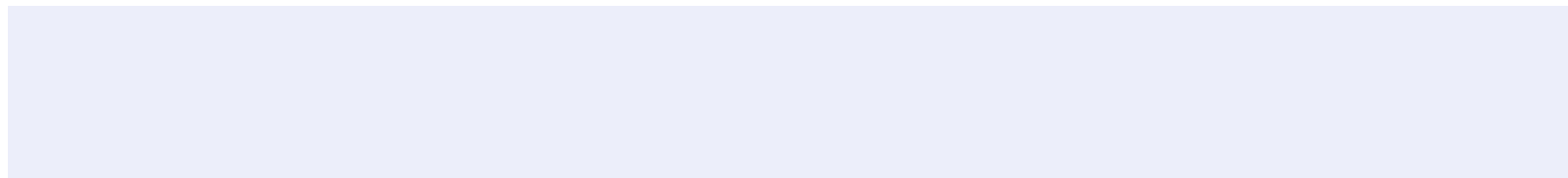
150024

WILLIAM N WISHARD MEMORIAL  
HOSPITAL

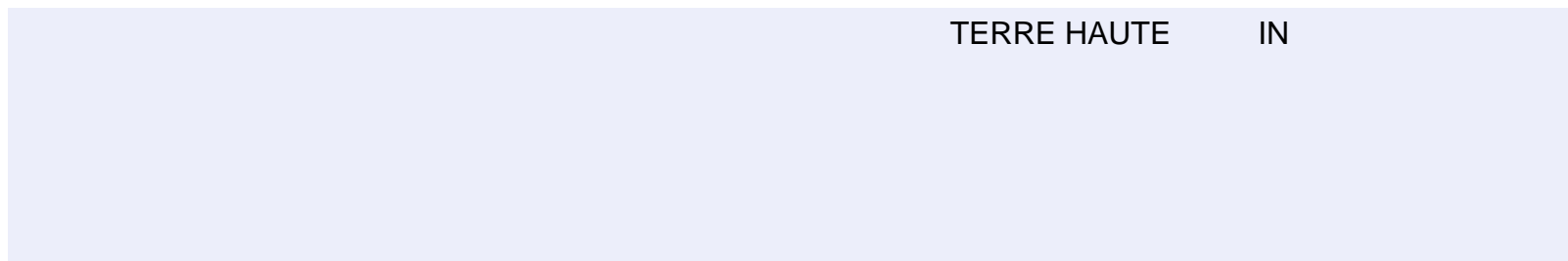
1001 W 10TH ST

# knee

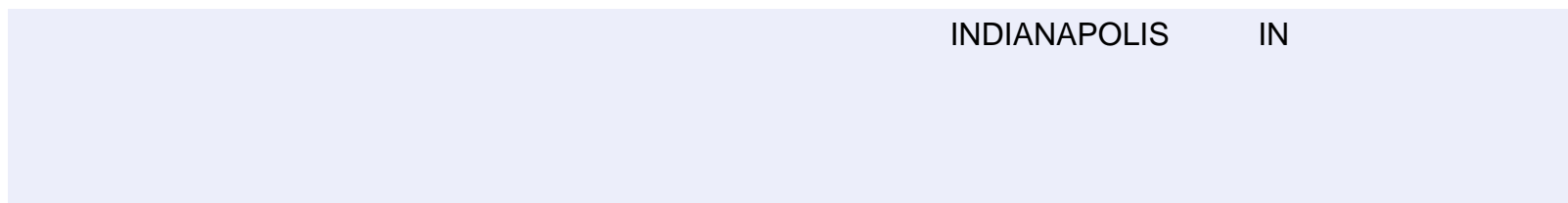
Based on Hospital Medicare Payment And Volume Measures



TERRE HAUTE IN



TERRE HAUTE IN



INDIANAPOLIS IN

# knee

Based on Hospital Medicare Payment And Volume Measures

47804

VIGO

8122387601

47804

VIGO

8122387601

47804

VIGO

8122387601

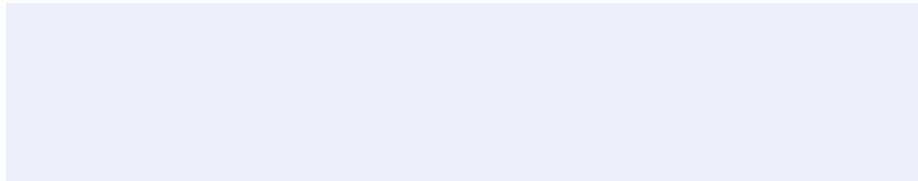
46202

MARION

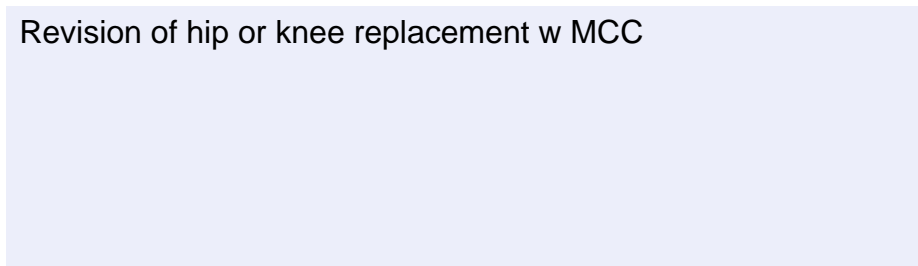
3176307592

# knee

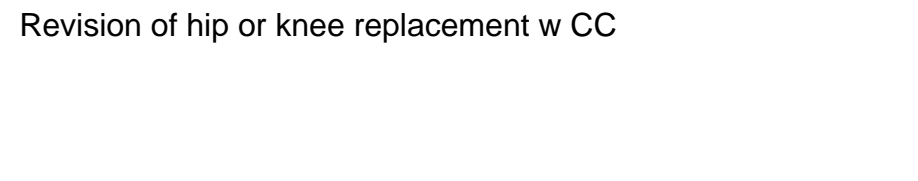
Based on Hospital Medicare Payment And Volume Measures



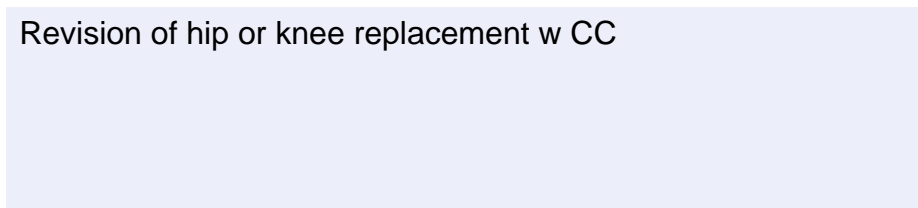
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14803.00 \*

\$40991.00 \*

\$18506.00 \*

\$28059.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150024

WILLIAM N WISHARD MEMORIAL  
HOSPITAL

1001 W 10TH ST

150026

IU HEALTH GOSHEN HOSPITAL

200 HIGH PARK AVE

150026

IU HEALTH GOSHEN HOSPITAL

200 HIGH PARK AVE

150030

HENRY COUNTY MEMORIAL  
HOSPITAL

1000 N 16TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

INDIANAPOLIS IN

GOSHEN IN

GOSHEN IN

NEW CASTLE IN



# knee

Based on Hospital Medicare Payment And Volume Measures

46202

MARION

3176307592

46526

ELKHART

5745332141

46526

ELKHART

5745332141

47362

HENRY

7655210890

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22443.00 \*

\$14067.00 \*

\$17587.00 \*

\$19223.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150030	HENRY COUNTY MEMORIAL HOSPITAL	1000 N 16TH ST
150033	ST FRANCIS HOSPITAL AND HEALTH CENTERS	1600 ALBANY STREET
150033	ST FRANCIS HOSPITAL AND HEALTH CENTERS	1600 ALBANY STREET
150033	ST FRANCIS HOSPITAL AND HEALTH CENTERS	1600 ALBANY STREET
150034	ST MARY MEDICAL CENTER INC	1500 S LAKE PARK AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW CASTLE IN

BEECH GROVE IN

BEECH GROVE IN

BEECH GROVE IN

HOBART IN

# knee

Based on Hospital Medicare Payment And Volume Measures

47362	HENRY	7655210890
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46107	MARION	3177838133
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46107	MARION	3177838133
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46107	MARION	3177838133
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46342	LAKE	2199420551
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13878.00 \*

\$11625.00 \*

\$17217.00 \*

\$8274.00 \*

\$26439.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

150034	ST MARY MEDICAL CENTER INC	1500 S LAKE PARK AVENUE
150034	ST MARY MEDICAL CENTER INC	1500 S LAKE PARK AVENUE
150035	PORTER, VALPARAISO HOSPITAL	814 LAPORTE AVENUE
150035	PORTER, VALPARAISO HOSPITAL	814 LAPORTE AVENUE
150037	HANCOCK REGIONAL HOSPITAL	801 N STATE STREET
150037	HANCOCK REGIONAL HOSPITAL	801 N STATE STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	HOBART	IN
	HOBART	IN
	VALPARAISO	IN
	VALPARAISO	IN
	GREENFIELD	IN
	GREENFIELD	IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46342	LAKE	2199420551
46342	LAKE	2199420551
46383	PORTER	2192634600

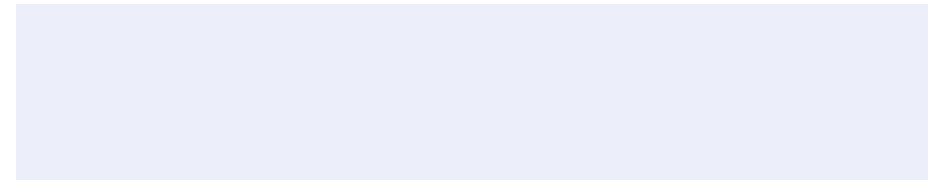
46383	PORTER	2192634600
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46140	HANCOCK	3174684412
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46140	HANCOCK	3174684412
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17839.00	11
	\$14269.00	13
	\$13893.00	*
	\$17370.00	*
	\$15379.00	*
	\$11183.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

150042

GOOD SAMARITAN HOSPITAL

520 S 7TH STREET

150042

GOOD SAMARITAN HOSPITAL

520 S 7TH STREET

150042

GOOD SAMARITAN HOSPITAL

520 S 7TH STREET

150044

FLOYD MEMORIAL HOSPITAL AND  
HEALTH SERVICES

1850 STATE STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

VINCENNES IN

VINCENNES IN

VINCENNES IN

NEW ALBANY IN

# knee

Based on Hospital Medicare Payment And Volume Measures

47591

KNOX

8128825220

47591

KNOX

8128825220

47591

KNOX

8128825220

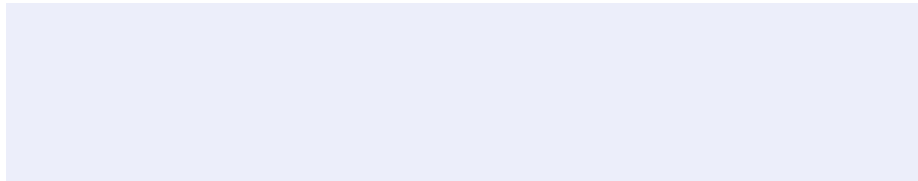
47150

FLOYD

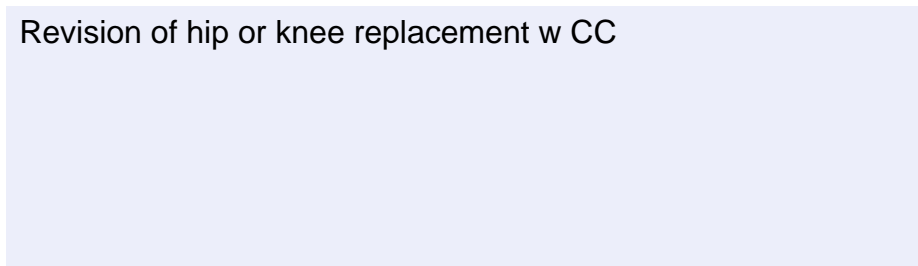
8129495500

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24279.00 \*

\$14916.00 \*

\$13093.00 \*

\$17362.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

150044	FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICES	1850 STATE STREET
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150046	TERRE HAUTE REGIONAL HOSPITAL	3901 S SEVENTH ST
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150048	REID HOSPITAL & HEALTH CARE SERVICES	1100 REID PARKWAY
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150048	REID HOSPITAL & HEALTH CARE SERVICES	1100 REID PARKWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEW ALBANY IN

TERRE HAUTE IN

RICHMOND IN

RICHMOND IN



# knee

Based on Hospital Medicare Payment And Volume Measures

47150

FLOYD

8129495500

47802

VIGO

8122320021

47374

WAYNE

7659833000

47374

WAYNE

7659833000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25004.00 \*

\$13791.00 \*

\$13912.00 \*

\$25797.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150048	REID HOSPITAL & HEALTH CARE SERVICES	1100 REID PARKWAY
150051	BLOOMINGTON HOSPITAL	601 W SECOND STREET
150051	BLOOMINGTON HOSPITAL	601 W SECOND STREET
150051	BLOOMINGTON HOSPITAL	601 W SECOND STREET
150056	INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD
150056	INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

RICHMOND IN

BLOOMINGTON IN

BLOOMINGTON IN

BLOOMINGTON IN

INDIANAPOLIS IN

INDIANAPOLIS IN

# knee

Based on Hospital Medicare Payment And Volume Measures

47374	WAYNE	7659833000
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47403	MONROE	8123539555
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47403	MONROE	8123539555
-------	--------	------------

47403	MONROE	8123539555
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46206	MARION	3179625900
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46206	MARION	3179625900
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$19106.00 \*

\$18068.00 \*



\$17773.00 \*

\$14452.00 \*

	\$19087.00	20
	\$35393.00	25

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

150056	INDIANA UNIVERSITY HEALTH	1701 N SENATE BLVD
150057	ST FRANCIS HOSPITAL MOORESVILLE	1201 HADLEY ROAD
150057	ST FRANCIS HOSPITAL MOORESVILLE	1201 HADLEY ROAD
150057	ST FRANCIS HOSPITAL MOORESVILLE	1201 HADLEY ROAD
150058	MEMORIAL HOSPITAL OF SOUTH BEND	615 N MICHIGAN STREET
150058	MEMORIAL HOSPITAL OF SOUTH BEND	615 N MICHIGAN STREET
150058	MEMORIAL HOSPITAL OF SOUTH BEND	615 N MICHIGAN STREET
150059	RIVERVIEW HOSPITAL	395 WESTFIELD RD

# knee

Based on Hospital Medicare Payment And Volume Measures

	INDIANAPOLIS	IN
	MOORESVILLE	IN
	MOORESVILLE	IN
	MOORESVILLE	IN
	SOUTH BEND	IN
	SOUTH BEND	IN
	SOUTH BEND	IN
	NOBLESVILLE	IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46206	MARION	3179625900
46158	MORGAN	3178311160
46158	MORGAN	3178311160
46158	MORGAN	3178311160
46601	ST JOSEPH	5746473632
46601	ST JOSEPH	5746473632
46601	ST JOSEPH	5746473632
46060	HAMILTON	3177767108

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$23862.00	35
	\$16777.00	54
	\$24221.00 *	
	\$13419.00	19
	\$15367.00	24
	\$15403.00 *	
	\$13575.00	19
	\$16801.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

150059	RIVERVIEW HOSPITAL	395 WESTFIELD RD
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150059	RIVERVIEW HOSPITAL	395 WESTFIELD RD
--------	--------------------	------------------

150064	FAYETTE REGIONAL HEALTH SYSTEM	1941 VIRGINIA AVE
--------	-----------------------------------	-------------------

150065	SCHNECK MEDICAL CENTER	411 W TIPTON STREET
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150069	KING'S DAUGHTERS' HOSPITAL AND	ONE KINGS DAUGHTERS
--------	--------------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

NOBLESVILLE IN

NOBLESVILLE IN

CONNERSVILLE IN

SEYMOUR IN

MADISON IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46060

HAMILTON

3177767108

46060

HAMILTON

3177767108

47331

FAYETTE

7658255131

47274

JACKSON

8125222349

47250

JEFFERSON

8122655211

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24920.00 \*

\$13439.00 \*

\$13660.00 \*

\$19771.00 \*

\$25332.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

HEALTH SERVICES,THE

DRIVE

150074

COMMUNITY HOSPITAL EAST

1500 N RITTER AVE

150074

COMMUNITY HOSPITAL EAST

1500 N RITTER AVE

150075

BLUFFTON REGIONAL MEDICAL  
CENTER

303 S MAIN ST

150076

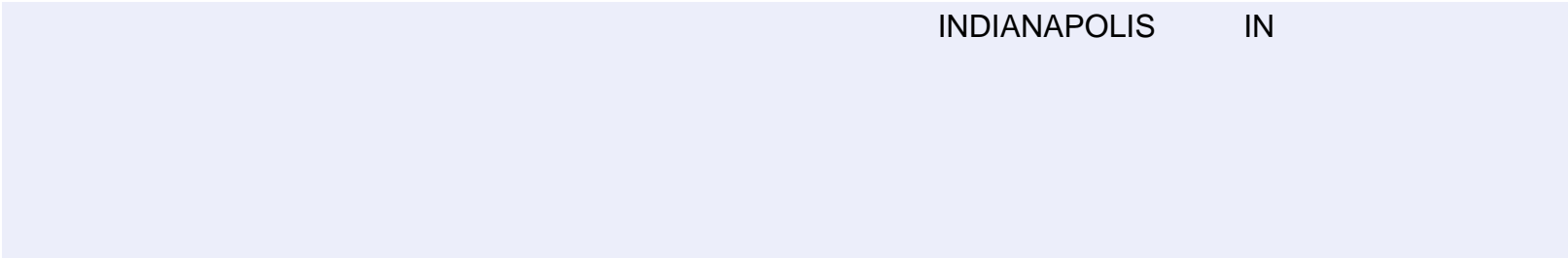
SAINT JOSEPH'S REGIONAL  
MEDICAL CENTER - PLYMOUTH

1915 LAKE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

INDIANAPOLIS IN



BLUFFTON IN





# knee

Based on Hospital Medicare Payment And Volume Measures

46219

MARION

3173555411

46219

MARION

3173555411

46714

WELLS

2608243210

46563

MARSHALL

5749363181

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15918.00 \*

\$15269.00 \*

\$14591.00 \*

\$13503.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

150082	DEACONESS HOSPITAL INC	600 MARY ST
150082	DEACONESS HOSPITAL INC	600 MARY ST
150082	DEACONESS HOSPITAL INC	600 MARY ST
150084	ST VINCENT HOSPITAL & HEALTH SERVICES	2001 W 86TH STREET
150084	ST VINCENT HOSPITAL & HEALTH SERVICES	2001 W 86TH STREET
150084	ST VINCENT HOSPITAL & HEALTH SERVICES	2001 W 86TH STREET
150086	DEARBORN COUNTY HOSPITAL	600 WILSON CREEK RD
150088	SAINT JOHN'S HEALTH SYSTEM	2015 JACKSON ST

# knee

Based on Hospital Medicare Payment And Volume Measures

EVANSVILLE	IN
------------	----

EVANSVILLE	IN
------------	----

EVANSVILLE	IN
------------	----

INDIANAPOLIS	IN
--------------	----

INDIANAPOLIS	IN
--------------	----

INDIANAPOLIS	IN
--------------	----

LAWRENCEBURG	IN
--------------	----

ANDERSON	IN
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

47747	VANDEBURGH	8124502252
47747	VANDEBURGH	8124502252
47747	VANDEBURGH	8124502252

46260	MARION	3173387000
46260	MARION	3173387000
46260	MARION	3173387000
47025	DEARBORN	8125371010

46016	MADISON	7656492511
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13066.00	20
	\$16243.00	11
	\$19646.00 *	
	\$27889.00	15
	\$16564.00	89
	\$15743.00	12
	\$13894.00 *	
	\$18058.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

150088

SAINT JOHN'S HEALTH SYSTEM

2015 JACKSON ST

150088

SAINT JOHN'S HEALTH SYSTEM

2015 JACKSON ST

150089

BALL MEMORIAL HOSPITAL INC

2401 UNIVERSITY AVENUE

150089

BALL MEMORIAL HOSPITAL INC

2401 UNIVERSITY AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

ANDERSON IN

ANDERSON IN

MUNCIE IN

MUNCIE IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46016

MADISON

7656492511

46016

MADISON

7656492511

47303

DELAWARE

7657473111

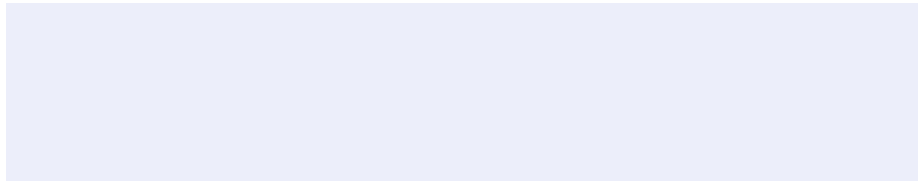
47303

DELAWARE

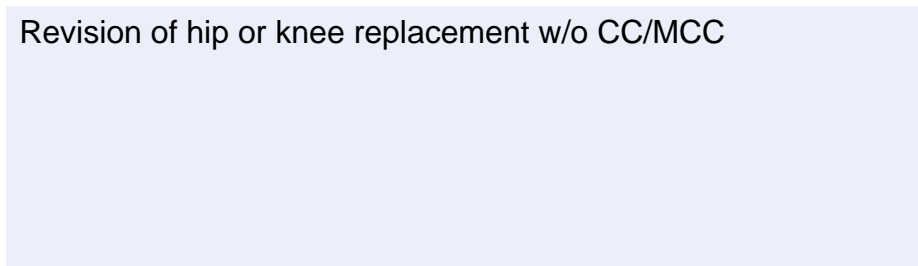
7657473111

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26647.00 \*

\$14444.00 \*

\$14488.00 \*

\$18198.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

150089	BALL MEMORIAL HOSPITAL INC	2401 UNIVERSITY AVENUE
150090	FRANCISCAN ST MARGARET HEALTH - DYER	24 JOLIET STREET
150090	FRANCISCAN ST MARGARET HEALTH - DYER	24 JOLIET STREET
150097	MAJOR HOSPITAL	150 W WASHINGTON ST
150097	MAJOR HOSPITAL	150 W WASHINGTON ST

# knee

Based on Hospital Medicare Payment And Volume Measures

MUNCIE IN

DYER IN

DYER IN

SHELBYVILLE IN

SHELBYVILLE IN

# knee

Based on Hospital Medicare Payment And Volume Measures

47303	DELAWARE	7657473111
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46311	LAKE	2198652141
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46311	LAKE	2198652141
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46176	SHELBY	3173923211
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46176	SHELBY	3173923211
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18066.00	17
	\$17999.00 *	
	\$14397.00 *	
	\$24811.00 *	
	\$9376.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

150097	MAJOR HOSPITAL	150 W WASHINGTON ST
--------	----------------	---------------------

150100	ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	3700 WASHINGTON AVENUE
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150100	ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	3700 WASHINGTON AVENUE
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150100	ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	3700 WASHINGTON AVENUE
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150104	WITHAM HEALTH SERVICES	2605 N LEBANON STT
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150109	ST ELIZABETH EAST	1701 S CREASY LN
--------	-------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SHELBYVILLE IN

EVANSVILLE IN

EVANSVILLE IN

EVANSVILLE IN

LEBANON IN

LAFAYETTE IN



# knee

Based on Hospital Medicare Payment And Volume Measures

46176	SHELBY	3173923211
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47750	VANDERBURGH	8124854000
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47750	VANDERBURGH	8124854000
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47750	VANDERBURGH	8124854000
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46052	BOONE	7654858000
-------	-------	------------

47905	TIPPECANOE	7655024000
-------	------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$11787.00 \*

\$13603.00	11
------------	----

\$16868.00	32
------------	----

\$17139.00 \*

\$21939.00 \*

\$14163.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150109	ST ELIZABETH EAST	1701 S CREASY LN
150109	ST ELIZABETH EAST	1701 S CREASY LN
150112	COLUMBUS REGIONAL HOSPITAL	2400 E 17TH STREET
150112	COLUMBUS REGIONAL HOSPITAL	2400 E 17TH STREET
150112	COLUMBUS REGIONAL HOSPITAL	2400 E 17TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

LAFAYETTE IN

LAFAYETTE IN

COLUMBUS IN

COLUMBUS IN

COLUMBUS IN

# knee

Based on Hospital Medicare Payment And Volume Measures

47905	TIPPECANOE	7655024000
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47905	TIPPECANOE	7655024000
-------	------------	------------

47201	BARTHOLOMEW	8123794441
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47201	BARTHOLOMEW	8123794441
-------	-------------	------------

47201	BARTHOLOMEW	8123794441
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

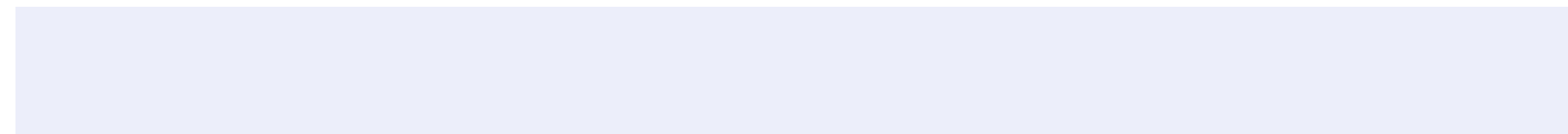
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

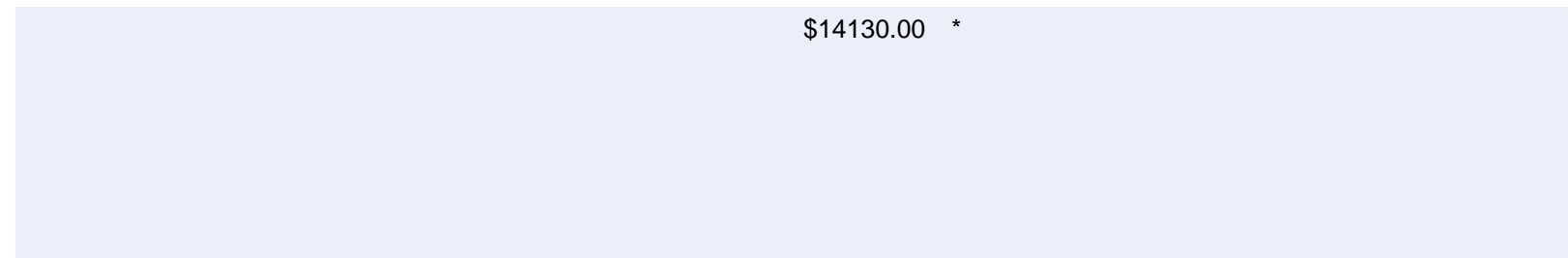


# knee

Based on Hospital Medicare Payment And Volume Measures



\$20479.00 \*



\$14130.00 \*



\$14385.00 \*

\$14987.00

13

\$22448.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

150113	COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY	1515 N MADISON AVE
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150113	COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY	1515 N MADISON AVE
--------	--	--------------------

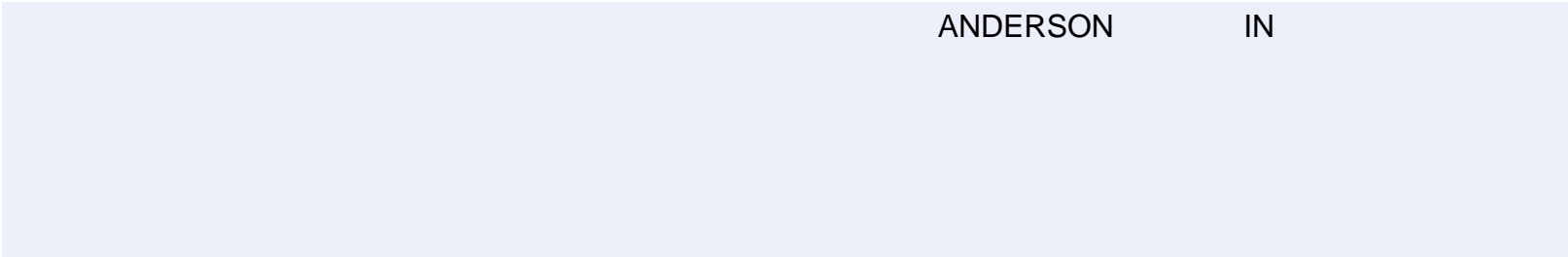
150113	COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY	1515 N MADISON AVE
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150115	MEMORIAL HOSPITAL AND HEALTH CARE CENTER	800 W 9TH STREET
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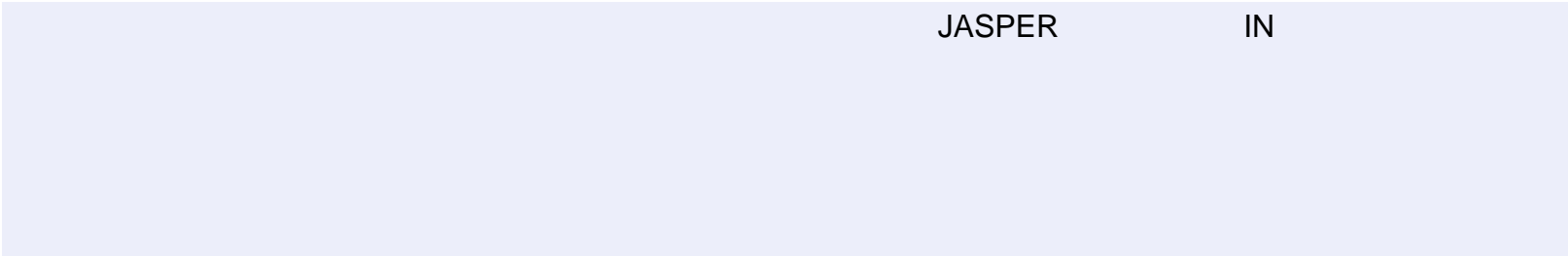
# knee

Based on Hospital Medicare Payment And Volume Measures

ANDERSON IN



ANDERSON IN



# knee

Based on Hospital Medicare Payment And Volume Measures

46011	MADISON	7652984242
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46011	MADISON	7652984242
-------	---------	------------

46011	MADISON	7652984242
-------	---------	------------

47546	DUBOIS	8124822345
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18019.00 \*

\$18099.00 \*

\$14535.00 \*

\$12648.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150115	MEMORIAL HOSPITAL AND HEALTH CARE CENTER	800 W 9TH STREET
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150125	COMMUNITY HOSPITAL	901 MAC ARTHUR BOULEVARD
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150125	COMMUNITY HOSPITAL	901 MAC ARTHUR BOULEVARD
--------	--------------------	-----------------------------

150125	COMMUNITY HOSPITAL	901 MAC ARTHUR BOULEVARD
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150126	FRANCISCAN ST ANTHONY HEALTH - CROWN POINT	1201 S MAIN ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

JASPER IN

MUNSTER IN

MUNSTER IN

MUNSTER IN

CROWN POINT IN

# knee

Based on Hospital Medicare Payment And Volume Measures

47546

DUBOIS

8124822345

46321

LAKE

2198361600

46321

LAKE

2198361600

46321

LAKE

2198361600

46307

LAKE

2197576100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13212.00 \*

\$17784.00 \*

\$17820.00 \*

\$13896.00 \*

\$13940.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

150126

FRANCISCAN ST ANTHONY HEALTH 1201 S MAIN ST  
- CROWN POINT

150126

FRANCISCAN ST ANTHONY HEALTH 1201 S MAIN ST  
- CROWN POINT

150128

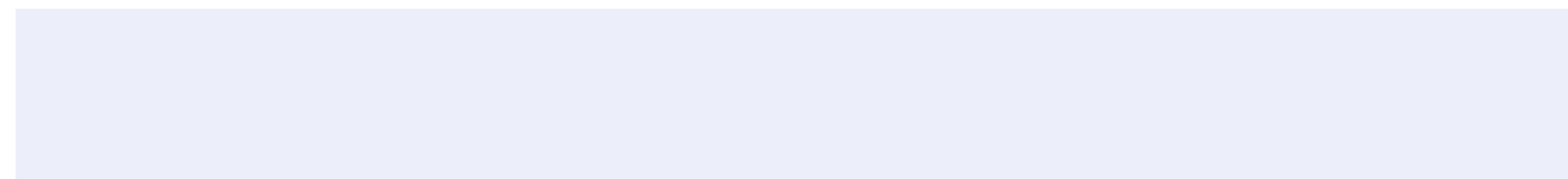
COMMUNITY HOSPITAL SOUTH 1402 E COUNTY LINE RD S

150128

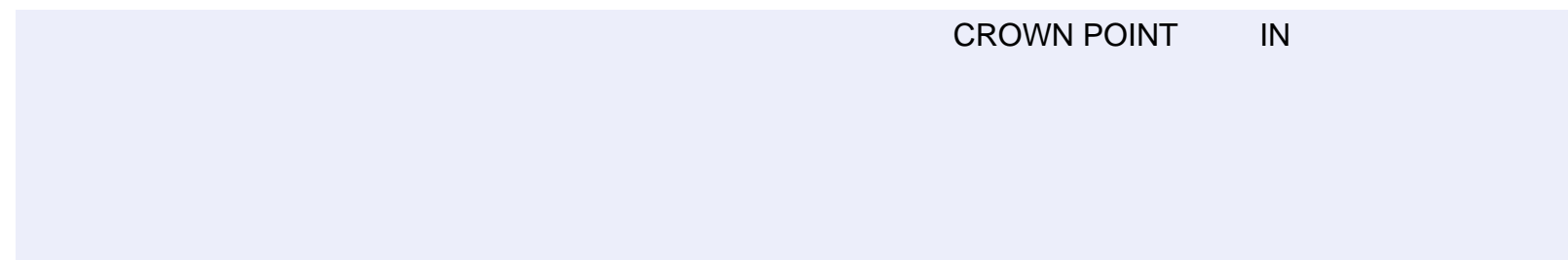
COMMUNITY HOSPITAL SOUTH 1402 E COUNTY LINE RD S

# knee

Based on Hospital Medicare Payment And Volume Measures

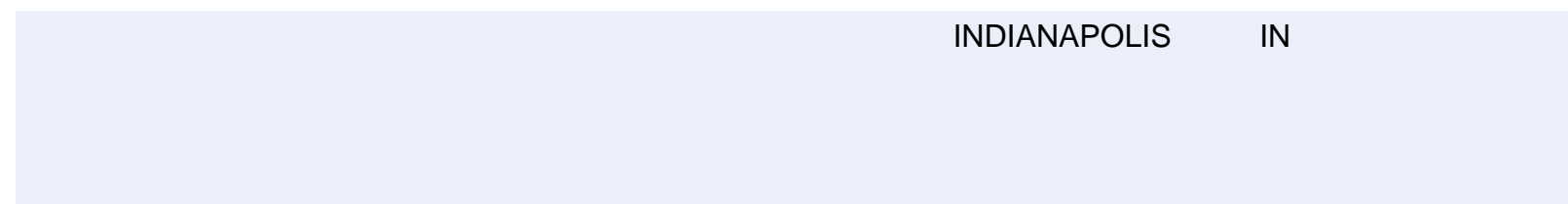


CROWN POINT IN



CROWN POINT IN

INDIANAPOLIS IN



INDIANAPOLIS IN



# knee

Based on Hospital Medicare Payment And Volume Measures

46307

LAKE

2197576100

46307

LAKE

2197576100

46227

MARION

3178877112

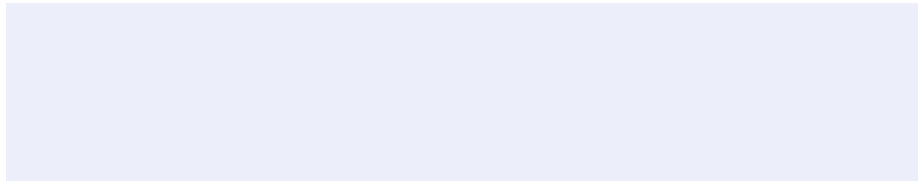
46227

MARION

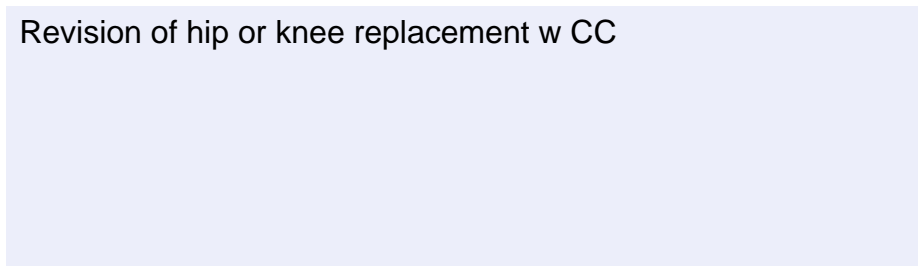
3178877112

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25851.00 \*

\$17429.00 \*

\$16795.00 \*

\$20871.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150128	COMMUNITY HOSPITAL SOUTH	1402 E COUNTY LINE RD S
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150129	WESTVIEW HOSPITAL	3630 GUION RD
--------	-------------------	---------------

150133	KOSCIUSKO COMMUNITY HOSPITAL	2101 E DUBOIS DR
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150150	DUPONT HOSPITAL LLC	2520 E DUPONT RD
--------	---------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

INDIANAPOLIS IN

INDIANAPOLIS IN

WARSAW IN

FORT WAYNE IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46227

MARION

3178877112

46222

MARION

3179207288

46580

KOSCIUSKO

5743727611

46825

ALLEN

2604163023

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13433.00 \*

\$17096.00 \*

\$17228.00 \*

\$13647.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150150	DUPONT HOSPITAL LLC	2520 E DUPONT RD
150157	ST VINCENT CARMEL HOSPITAL INC	13500 N MERIDIAN ST
150157	ST VINCENT CARMEL HOSPITAL INC	13500 N MERIDIAN ST
150157	ST VINCENT CARMEL HOSPITAL INC	13500 N MERIDIAN ST
150158	INDIANA UNIVERSITY HEALTH WEST HOSPITAL	1111 N RONALD REAGAN PARKWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

FORT WAYNE IN

CARMEL IN

CARMEL IN

CARMEL IN

AVON IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46825	ALLEN	2604163023
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46032	HAMILTON	3175827000
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46032	HAMILTON	3175827000
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46032	HAMILTON	3175827000
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46123	HENDRICKS	3172173000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17062.00 \*

\$23064.00 \*

\$16798.00 \*

\$13442.00 \*

\$20305.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



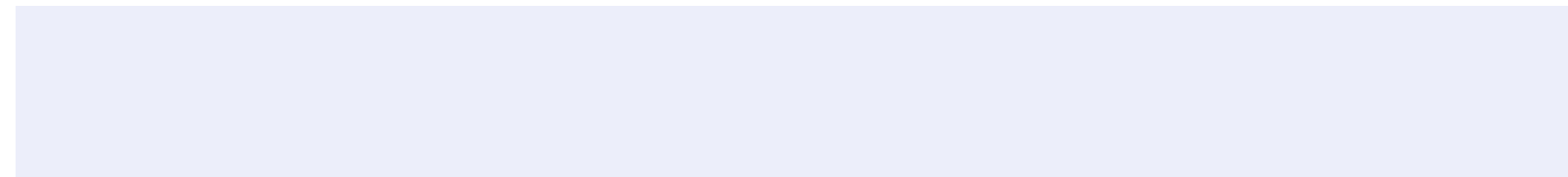
# knee

Based on Hospital Medicare Payment And Volume Measures

150158	INDIANA UNIVERSITY HEALTH WEST HOSPITAL	1111 N RONALD REAGAN PARKWAY
150158	INDIANA UNIVERSITY HEALTH WEST HOSPITAL	1111 N RONALD REAGAN PARKWAY
150160	INDIANA ORTHOPAEDIC HOSPITAL LLC	8400 NORTHWEST BLVD
150160	INDIANA ORTHOPAEDIC HOSPITAL LLC	8400 NORTHWEST BLVD
150160	INDIANA ORTHOPAEDIC HOSPITAL LLC	8400 NORTHWEST BLVD

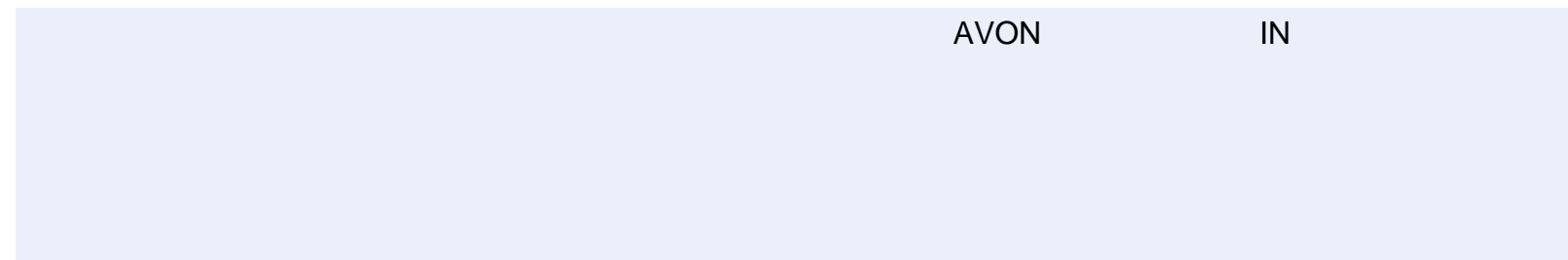
# knee

Based on Hospital Medicare Payment And Volume Measures



AVON

IN



AVON

IN



INDIANAPOLIS

IN



INDIANAPOLIS

IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46123

HENDRICKS

3172173000

46123

HENDRICKS

3172173000

46278

MARION

3179561000

46278

MARION

3179561000

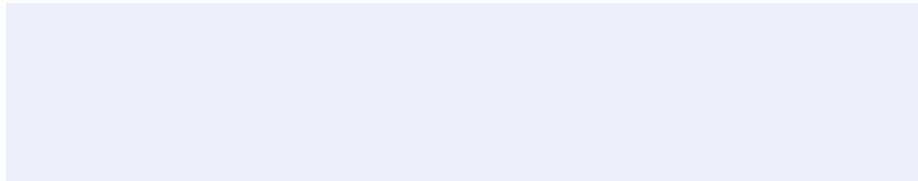
46278

MARION

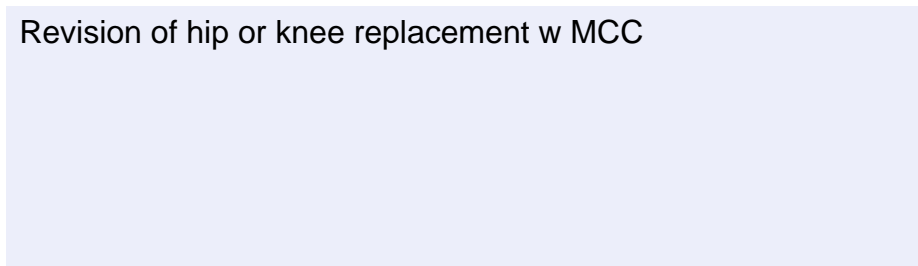
3179561000

# knee

Based on Hospital Medicare Payment And Volume Measures

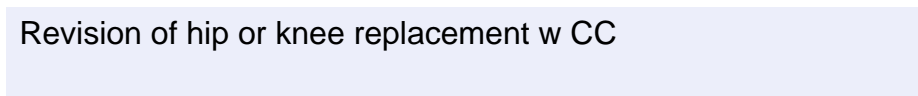


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

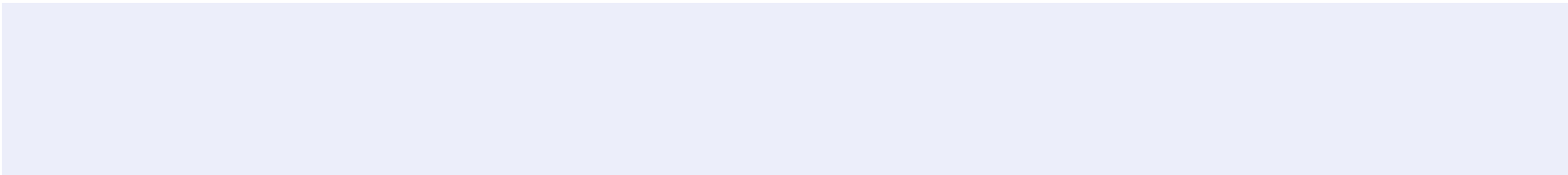


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$15306.00 \*

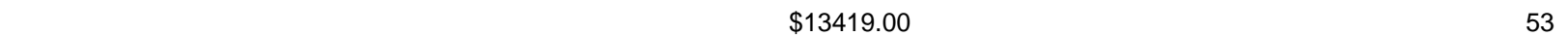


\$38636.00 \*



\$16777.00

15



\$13419.00

53

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150161	INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	11700 N MERIDIAN ST
150161	INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	11700 N MERIDIAN ST
150161	INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	11700 N MERIDIAN ST
150164	MONROE HOSPITAL	4011 S MONROE MEDICAL PARK BLVD
150167	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	11130 PARKVIEW CIRCLE DR

# knee

Based on Hospital Medicare Payment And Volume Measures

CARMEL IN

CARMEL IN

CARMEL IN

BLOOMINGTON IN

FORT WAYNE IN



# knee

Based on Hospital Medicare Payment And Volume Measures

46032	HAMILTON	3176882000
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46032	HAMILTON	3176882000
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46032	HAMILTON	3176882000
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47403	MONROE	8128251111
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46845	ALLEN	2606724050
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13732.00 \*

\$16810.00 \*

\$38908.00 \*

\$55111.00 \*

\$12731.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

150167	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	11130 PARKVIEW CIRCLE DR
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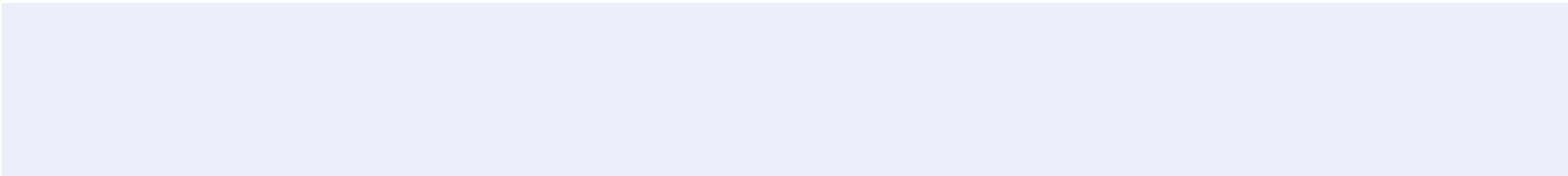
150167	ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	11130 PARKVIEW CIRCLE DR
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150168	THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETWOR	7952 W JEFFERSON BLVD
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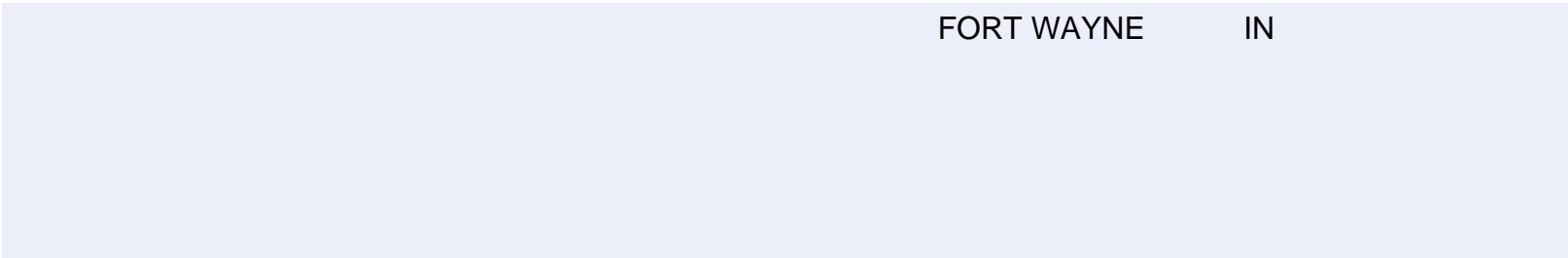
150168	THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETWOR	7952 W JEFFERSON BLVD
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# knee

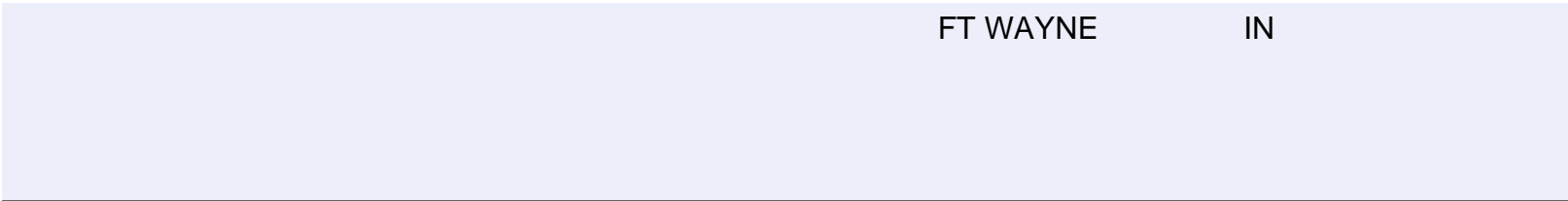
Based on Hospital Medicare Payment And Volume Measures



FORT WAYNE IN



FORT WAYNE IN



FT WAYNE IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46845

ALLEN

2606724050

46845

ALLEN

2606724050

46804

ALLEN

2604352999

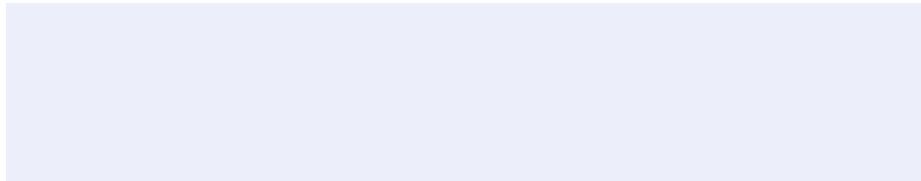
46804

ALLEN

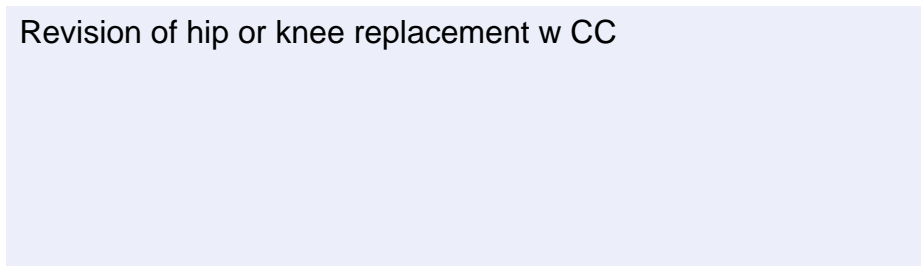
2604352999

# knee

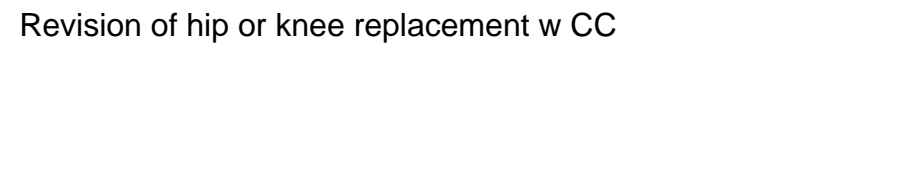
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$12761.00 \*

\$13318.00 \*

\$15917.00 \*

\$12761.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150168	THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETWOR	7952 W JEFFERSON BLVD
150169	COMMUNITY HOSPITAL NORTH	7150 CLEARVISTA DRIVE
150169	COMMUNITY HOSPITAL NORTH	7150 CLEARVISTA DRIVE
150169	COMMUNITY HOSPITAL NORTH	7150 CLEARVISTA DRIVE
150173	INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL	5165 MCCARTY LANE

# knee

Based on Hospital Medicare Payment And Volume Measures

FT WAYNE IN

INDIANAPOLIS IN

INDIANAPOLIS IN

INDIANAPOLIS IN

LAFAYETTE IN

# knee

Based on Hospital Medicare Payment And Volume Measures

46804	ALLEN	2604352999
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46256	MARION	3176215335
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46256	MARION	3176215335
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46256	MARION	3176215335
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47905	TIPPECANOE	7654488000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$12731.00	20
	\$13419.00 *	
	\$40.00 *	
	\$14008.00 *	
	\$16406.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

150173	INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL	5165 MCCARTY LANE
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160001	MARSHALLTOWN MEDICAL & SURGICAL CENTER	3 SOUTH 4TH AVENUE
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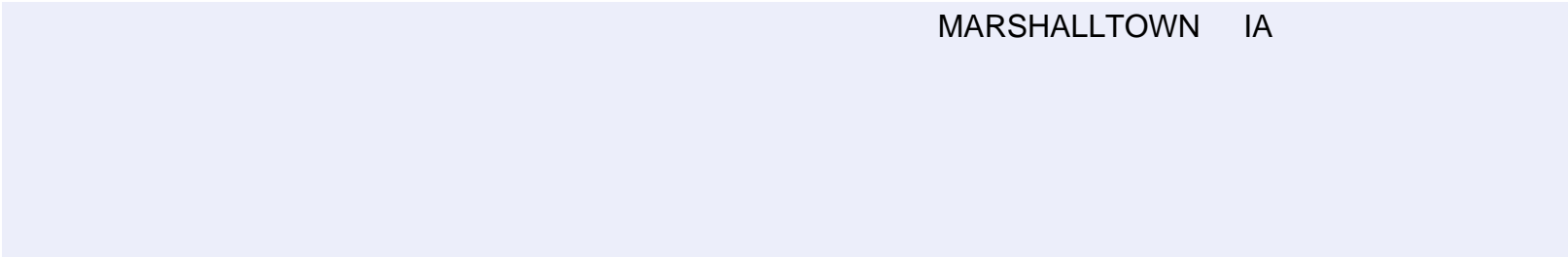
160001	MARSHALLTOWN MEDICAL & SURGICAL CENTER	3 SOUTH 4TH AVENUE
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160001	MARSHALLTOWN MEDICAL & SURGICAL CENTER	3 SOUTH 4TH AVENUE
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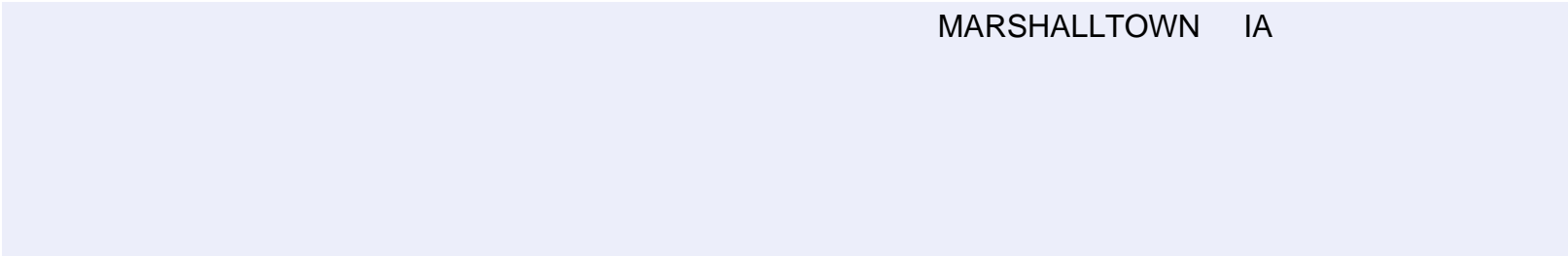
# knee

Based on Hospital Medicare Payment And Volume Measures

LAFAYETTE IN



MARSHALLTOWN IA



MARSHALLTOWN IA

# knee

Based on Hospital Medicare Payment And Volume Measures

47905	TIPPECANOE	7654488000
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50158	MARSHALL	6417545151
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50158	MARSHALL	6417545151
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50158	MARSHALL	6417545151
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14754.00 \*

\$16659.00 \*

\$24784.00 \*

\$13401.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160005	ST ANTHONY REGIONAL HOSPITAL	311 SOUTH CLARK STREET
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160016	TRINITY REGIONAL MEDICAL CENTER	802 KENYON RD
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160016	TRINITY REGIONAL MEDICAL CENTER	802 KENYON RD
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160016	TRINITY REGIONAL MEDICAL CENTER	802 KENYON RD
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160024	IOWA LUTHERAN HOSPITAL	700 EAST UNIVERSITY AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

CARROLL IA

FORT DODGE IA

FORT DODGE IA

FORT DODGE IA

DES MOINES IA



# knee

Based on Hospital Medicare Payment And Volume Measures

51401	CARROLL	7127923581
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50501	WEBSTER	5155738710
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50501	WEBSTER	5155738710
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50501	WEBSTER	5155738710
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50316	POLK	5152635612
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13223.00 \*

\$13351.00 \*

\$24756.00 \*

\$14106.00 \*

\$19045.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

160024

IOWA LUTHERAN HOSPITAL

700 EAST UNIVERSITY  
AVENUE

160024

IOWA LUTHERAN HOSPITAL

700 EAST UNIVERSITY  
AVENUE

160028

ALEGENT HEALTH MERCY  
HOSPITAL

800 MERCY DRIVE

160028

ALEGENT HEALTH MERCY  
HOSPITAL

800 MERCY DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

DES MOINES IA

DES MOINES IA

COUNCIL BLUFFS IA

COUNCIL BLUFFS IA

# knee

Based on Hospital Medicare Payment And Volume Measures

50316

POLK

5152635612

50316

POLK

5152635612

51503

POTTAWATTAMIE

7123285000

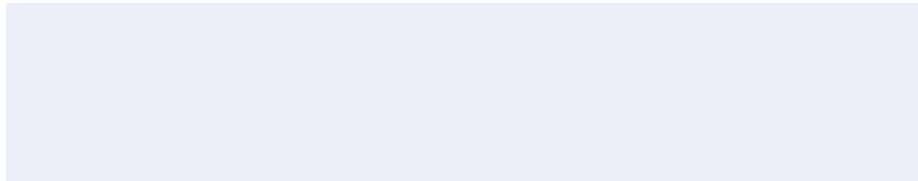
51503

POTTAWATTAMIE

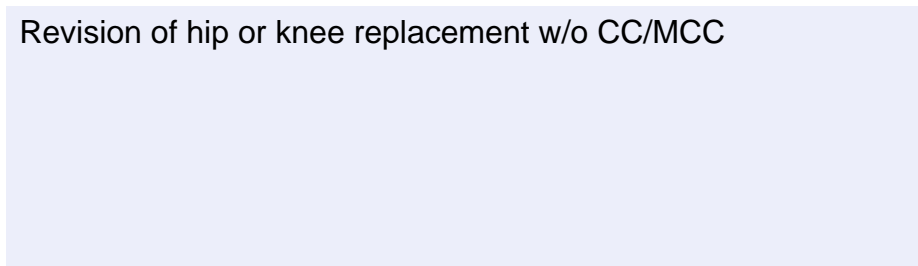
7123285000

# knee

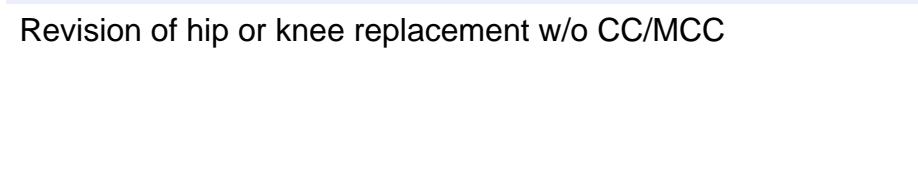
Based on Hospital Medicare Payment And Volume Measures



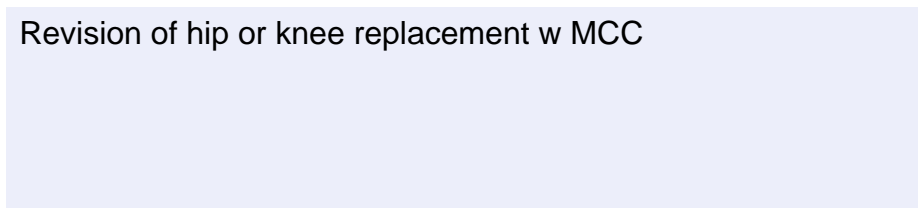
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$27950.00 \*

\$443.00 \*

\$15054.00 \*

\$47761.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160028	ALEGENT HEALTH MERCY HOSPITAL	800 MERCY DRIVE
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160029	MERCY HOSPITAL	500 E MARKET STREET
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160029	MERCY HOSPITAL	500 E MARKET STREET
--------	----------------	---------------------

160029	MERCY HOSPITAL	500 E MARKET STREET
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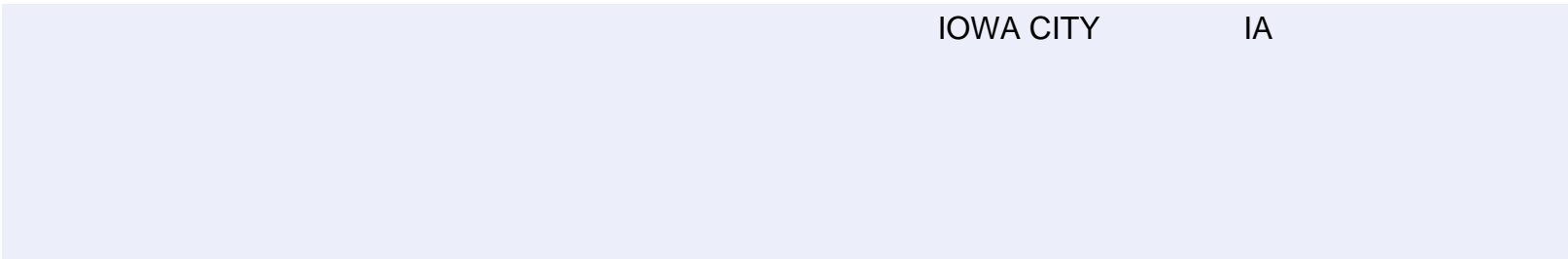
160030	MARY GREELEY MEDICAL CENTER	1111 DUFF AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures



COUNCIL BLUFFS IA



IOWA CITY IA



IOWA CITY IA



AMES IA

# knee

Based on Hospital Medicare Payment And Volume Measures

51503	POTTAWATTAMIE	7123285000
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52245	JOHNSON	3193390300
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52245	JOHNSON	3193390300
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52245	JOHNSON	3193390300
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50010	STORY	5152392011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$18974.00 \*



\$16329.00 \*

\$20609.00 \*



\$13061.00

20

\$13109.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160032	SKIFF MEDICAL CENTER	204 NORTH 4TH AVENUE EAST
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160033	GENESIS MEDICAL CENTER- DAVENPORT	1227 EAST RUSHOLME STREET
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160033	GENESIS MEDICAL CENTER- DAVENPORT	1227 EAST RUSHOLME STREET
--------	--------------------------------------	------------------------------

160033	GENESIS MEDICAL CENTER- DAVENPORT	1227 EAST RUSHOLME STREET
--------	--------------------------------------	------------------------------

160040	SARTORI MEMORIAL HOSPITAL	515 COLLEGE STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEWTON IA

DAVENPORT IA

DAVENPORT IA

DAVENPORT IA

CEDAR FALLS IA

# knee

Based on Hospital Medicare Payment And Volume Measures

50208

JASPER

6417921273

52803

SCOTT

5634211000

52803

SCOTT

5634211000

52803

SCOTT

5634211000

50613

BLACK HAWK

3192683000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14018.00 \*

\$13540.00 \*

\$25108.00 \*

\$16928.00

17

\$15894.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

160045

ST LUKES HOSPITAL

1026 A AVE NE

160045

ST LUKES HOSPITAL

1026 A AVE NE

160045

ST LUKES HOSPITAL

1026 A AVE NE

160047

JENNIE EDMUNDSON HOSPITAL

933 EAST PIERCE STREET

160057

GREAT RIVER MEDICAL CENTER

1221 SOUTH GEAR AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CEDAR RAPIDS IA

CEDAR RAPIDS IA

CEDAR RAPIDS IA

COUNCIL BLUFFS IA

WEST  
BURLINGTON IA



# knee

Based on Hospital Medicare Payment And Volume Measures

52402	LINN	3193697211
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52402	LINN	3193697211
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52402	LINN	3193697211
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51503	POTTAWATTAMIE	7123966000
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52655	DES MOINES	3197681000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13850.00 \*



\$17315.00 11



\$13836.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160057	GREAT RIVER MEDICAL CENTER	1221 SOUTH GEAR AVENUE
160057	GREAT RIVER MEDICAL CENTER	1221 SOUTH GEAR AVENUE
160058	UNIVERSITY OF IOWA HOSPITAL & CLINICS	200 HAWKINS DRIVE
160058	UNIVERSITY OF IOWA HOSPITAL & CLINICS	200 HAWKINS DRIVE
160058	UNIVERSITY OF IOWA HOSPITAL & CLINICS	200 HAWKINS DRIVE
160064	MERCY MEDICAL CENTER-NORTH IOWA	1000 FOURTH STREET SW

# knee

Based on Hospital Medicare Payment And Volume Measures

WEST BURLINGTON	IA
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WEST BURLINGTON	IA
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IOWA CITY	IA
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IOWA CITY	IA
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IOWA CITY	IA
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MASON CITY	IA
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# knee

Based on Hospital Medicare Payment And Volume Measures

52655	DES MOINES	3197681000
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52655	DES MOINES	3197681000
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52242	JOHNSON	3193561616
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52242	JOHNSON	3193561616
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52242	JOHNSON	3193561616
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50401	CERRO GORDO	6414227000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$25610.00 *	
	\$17267.00 *	
	\$23790.00	27
	\$36173.00 *	
	\$19507.00	24
	\$15219.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160064	MERCY MEDICAL CENTER-NORTH IOWA	1000 FOURTH STREET SW
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160064	MERCY MEDICAL CENTER-NORTH IOWA	1000 FOURTH STREET SW
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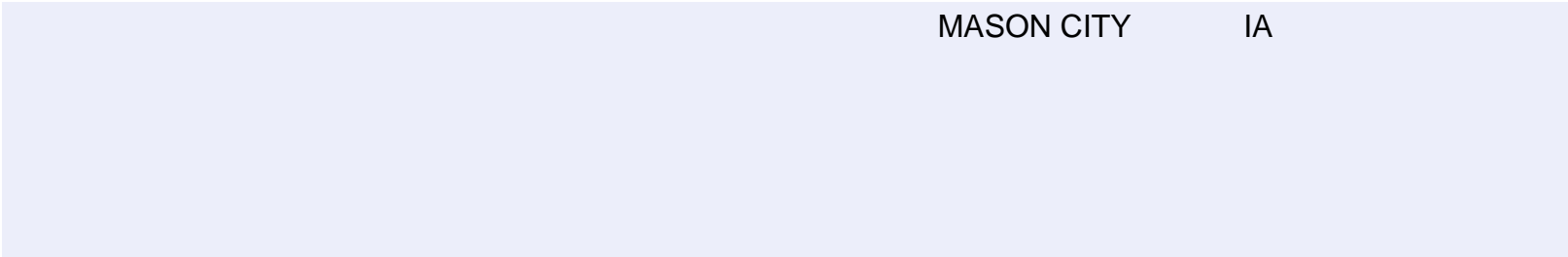
160067	COVENANT MEDICAL CENTER	3421 WEST NINTH STREET
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160067	COVENANT MEDICAL CENTER	3421 WEST NINTH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

MASON CITY IA



WATERLOO IA



# knee

Based on Hospital Medicare Payment And Volume Measures

50401

CERRO GORDO

6414227000

50401

CERRO GORDO

6414227000

50702

BLACK HAWK

3192728000

50702

BLACK HAWK

3192728000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22423.00 \*

\$19027.00 \*

\$17852.00 \*

\$26266.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160067	COVENANT MEDICAL CENTER	3421 WEST NINTH STREET
160069	MERCY MEDICAL CENTER- DUBUQUE	250 MERCY DRIVE
160069	MERCY MEDICAL CENTER- DUBUQUE	250 MERCY DRIVE
160079	MERCY MEDICAL CENTER - CEDAR RAPIDS	701 10TH STREET SE
160079	MERCY MEDICAL CENTER - CEDAR RAPIDS	701 10TH STREET SE
160079	MERCY MEDICAL CENTER - CEDAR RAPIDS	701 10TH STREET SE

# knee

Based on Hospital Medicare Payment And Volume Measures

WATERLOO IA

DUBUQUE IA

DUBUQUE IA

CEDAR RAPIDS IA

CEDAR RAPIDS IA

CEDAR RAPIDS IA

# knee

Based on Hospital Medicare Payment And Volume Measures

50702	BLACK HAWK	3192728000
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52001	DUBUQUE	5635898000
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52001	DUBUQUE	5635898000
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52403	LINN	3193986011
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52403	LINN	3193986011
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52403	LINN	3193986011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7236.00 \*

\$12735.00 \*

\$15919.00 13

\$13380.00 16

\$25953.00 \*

\$12822.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

160080	MERCY MEDICAL CENTER-CLINTON	1410 NORTH 4TH STREET
160082	IOWA METHODIST MEDICAL CENTER	1200 PLEASANT STREET
160082	IOWA METHODIST MEDICAL CENTER	1200 PLEASANT STREET
160082	IOWA METHODIST MEDICAL CENTER	1200 PLEASANT STREET
160083	MERCY MEDICAL CENTER-DES MOINES	1111 6TH AVE
160083	MERCY MEDICAL CENTER-DES MOINES	1111 6TH AVE
160083	MERCY MEDICAL CENTER-DES MOINES	1111 6TH AVE
160104	TRINITY BETTENDORF	4500 UTICA RIDGE ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

CLINTON IA

DES MOINES IA

DES MOINES IA

DES MOINES IA

DES MOINES IA

DES MOINES IA

DES MOINES IA

BETTENDORF IA



# knee

Based on Hospital Medicare Payment And Volume Measures

52732	CLINTON	5632445555
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50309	POLK	5152416212
50309	POLK	5152416212
50309	POLK	5152416212
50314	POLK	5152473121
50314	POLK	5152473121
50314	POLK	5152473121

52722	SCOTT	5637425000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14314.00 \*

\$26950.00	13
------------	----

\$18170.00	83
------------	----

\$14534.00	36
------------	----

\$14393.00	19
------------	----

\$17994.00	27
------------	----

\$22084.00 \*

\$13472.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160104	TRINITY BETTENDORF	4500 UTICA RIDGE ROAD
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160104	TRINITY BETTENDORF	4500 UTICA RIDGE ROAD
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160110	ALLEN MEMORIAL HOSPITAL	1825 LOGAN AVENUE
--------	-------------------------	-------------------

160110	ALLEN MEMORIAL HOSPITAL	1825 LOGAN AVENUE
--------	-------------------------	-------------------

160110	ALLEN MEMORIAL HOSPITAL	1825 LOGAN AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BETTENDORF IA

BETTENDORF IA

WATERLOO IA

WATERLOO IA

WATERLOO IA

# knee

Based on Hospital Medicare Payment And Volume Measures

52722	SCOTT	5637425000
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52722	SCOTT	5637425000
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50703	BLACK HAWK	3192353941
-------	------------	------------

50703	BLACK HAWK	3192353941
-------	------------	------------

50703	BLACK HAWK	3192353941
-------	------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20255.00 *	
	\$15418.00 *	
	\$17246.00	11
	\$21431.00 *	
	\$13794.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

160112	SPENCER MUNICIPAL HOSPITAL	1200 1ST AVENUE EAST
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160112	SPENCER MUNICIPAL HOSPITAL	1200 1ST AVENUE EAST
--------	----------------------------	----------------------

160112	SPENCER MUNICIPAL HOSPITAL	1200 1ST AVENUE EAST
--------	----------------------------	----------------------

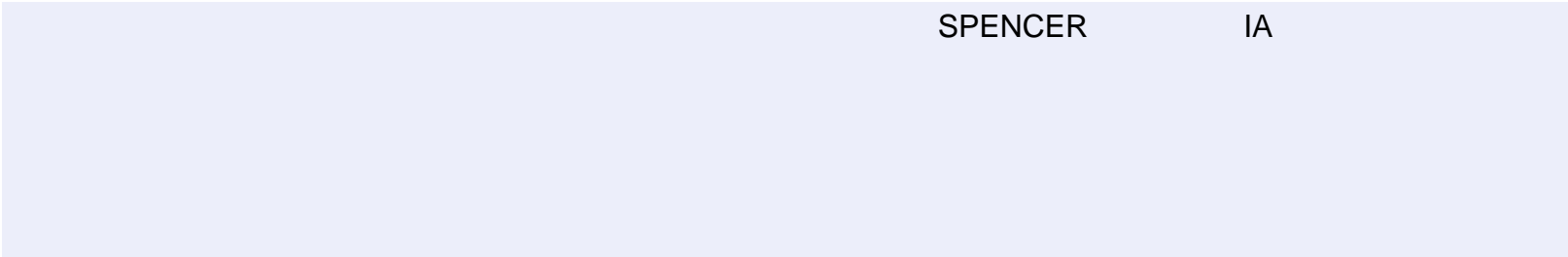
160117	THE FINLEY HOSPITAL	350 NORTH GRANDVIEW AVENUE
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160117	THE FINLEY HOSPITAL	350 NORTH GRANDVIEW
--------	---------------------	---------------------

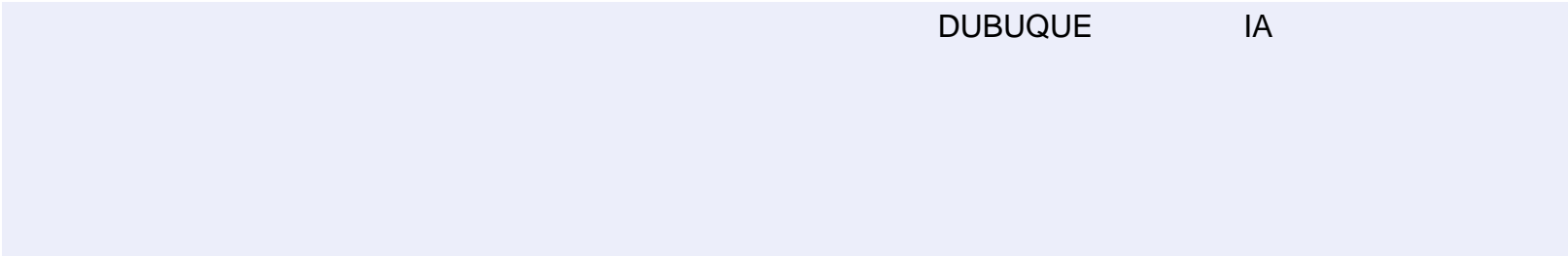
# knee

Based on Hospital Medicare Payment And Volume Measures

SPENCER IA



SPENCER IA



DUBUQUE IA

# knee

Based on Hospital Medicare Payment And Volume Measures

51301                                      CLAY                                      7122648300

51301                                      CLAY                                      7122648300

51301                                      CLAY                                      7122648300

52001                                      DUBUQUE                                      5635821881

52001                                      DUBUQUE                                      5635821881

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12988.00 \*

\$24084.00 \*

\$16238.00 \*

\$24079.00 \*

\$12713.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## AVENUE

160122	FORT MADISON COMMUNITY HOSPITAL	5445 AVE O
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160122	FORT MADISON COMMUNITY HOSPITAL	5445 AVE O
--------	------------------------------------	------------

160122	FORT MADISON COMMUNITY HOSPITAL	5445 AVE O
--------	------------------------------------	------------

160124	LAKES REGIONAL HEALTHCARE	2301 HIGHWAY 71
--------	---------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

FORT MADISON IA

FORT MADISON IA

FORT MADISON IA

SPIRIT LAKE IA

# knee

Based on Hospital Medicare Payment And Volume Measures

52627

LEE

3193726530

52627

LEE

3193726530

52627

LEE

3193726530

51360

DICKINSON

7123361230

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13311.00 \*

\$20711.00 \*

\$16770.00 \*

\$16686.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

160146	ST LUKES REGIONAL MEDICAL CENTER	2720 STONE PARK BOULEVARD
160146	ST LUKES REGIONAL MEDICAL CENTER	2720 STONE PARK BOULEVARD
160146	ST LUKES REGIONAL MEDICAL CENTER	2720 STONE PARK BOULEVARD
160153	MERCY MEDICAL CENTER-SIOUX CITY	801 5TH ST BOX #316B

# knee

Based on Hospital Medicare Payment And Volume Measures

SIoux CITY IA

SIoux CITY IA

SIoux CITY IA

SIoux CITY IA



# knee

Based on Hospital Medicare Payment And Volume Measures

51104	WOODBURY	7122793500
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51104	WOODBURY	7122793500
-------	----------	------------

51104	WOODBURY	7122793500
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51101	WOODBURY	7122792010
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14895.00 \*

\$18622.00 \*

\$27909.00 \*

\$6652.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

160153	MERCY MEDICAL CENTER-SIOUX CITY	801 5TH ST BOX #316B
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160153	MERCY MEDICAL CENTER-SIOUX CITY	801 5TH ST BOX #316B
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170012	SALINA REGIONAL HEALTH CENTER	400 SOUTH SANTA FE AVENUE
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170012	SALINA REGIONAL HEALTH CENTER	400 SOUTH SANTA FE AVENUE
--------	-------------------------------	------------------------------

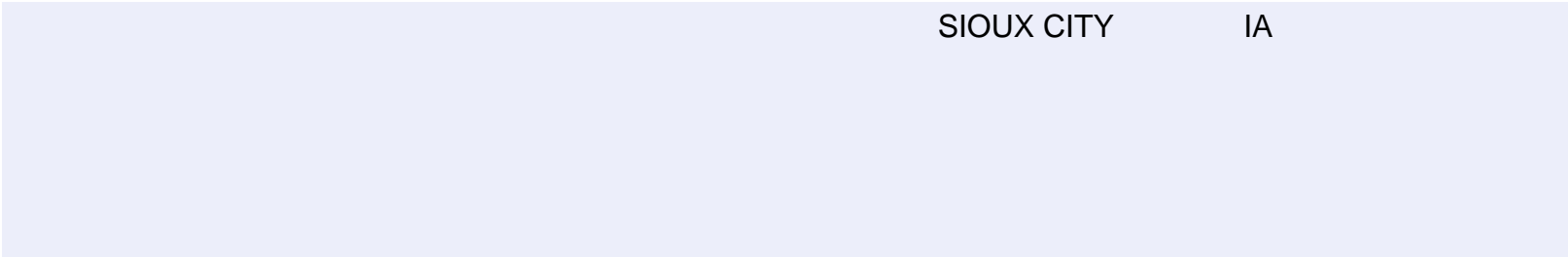
170012	SALINA REGIONAL HEALTH CENTER	400 SOUTH SANTA FE
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# knee

Based on Hospital Medicare Payment And Volume Measures

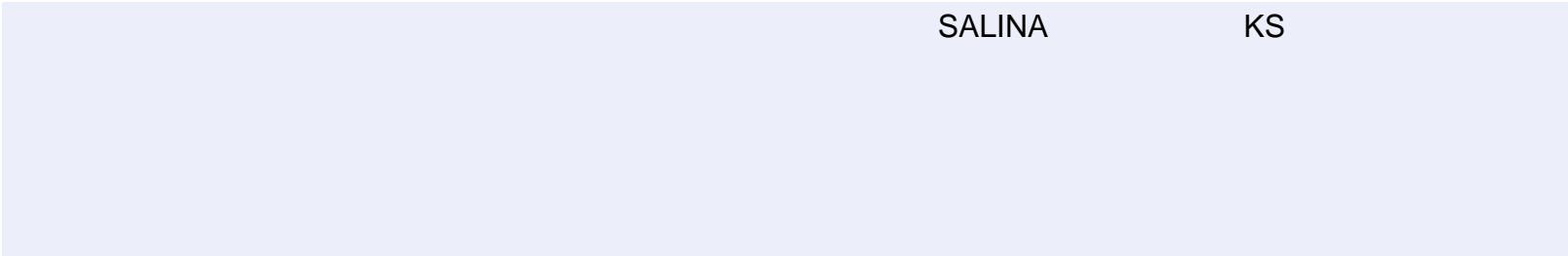


SIOUX CITY IA



SIOUX CITY IA

SALINA KS



SALINA KS

SALINA KS

# knee

Based on Hospital Medicare Payment And Volume Measures

51101	WOODBURY	7122792010
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51101	WOODBURY	7122792010
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67401	SALINE	7854527000
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67401	SALINE	7854527000
-------	--------	------------

67401	SALINE	7854527000
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20569.00 \*

\$16636.00 \*

\$13165.00 \*

\$16508.00 \*

\$24486.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

AVENUE

170013

HAYS MEDICAL CENTER

2220 CANTERBURY DRIVE

170013

HAYS MEDICAL CENTER

2220 CANTERBURY DRIVE

170013

HAYS MEDICAL CENTER

2220 CANTERBURY DRIVE

170014

RANSOM MEMORIAL HOSPITAL

1301 S MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	HAYS	KS
	HAYS	KS
	HAYS	KS
	OTTAWA	KS

# knee

Based on Hospital Medicare Payment And Volume Measures

67601

ELLIS

7856235000

67601

ELLIS

7856235000

67601

ELLIS

7856235000

66067

FRANKLIN

7852298308

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$30407.00 \*

\$20491.00 \*

\$16406.00 \*

\$13113.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

170016	ST FRANCIS HEALTH CENTER	1700 SW 7TH STREET
170016	ST FRANCIS HEALTH CENTER	1700 SW 7TH STREET
170016	ST FRANCIS HEALTH CENTER	1700 SW 7TH STREET
170017	SUSAN B ALLEN MEMORIAL HOSPITAL	720 W CENTRAL ST
170017	SUSAN B ALLEN MEMORIAL HOSPITAL	720 W CENTRAL ST

# knee

Based on Hospital Medicare Payment And Volume Measures

TOPEKA	KS
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TOPEKA	KS
--------	----

TOPEKA	KS
--------	----

EL DORADO	KS
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EL DORADO	KS
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

66606	SHAWNEE	7852958000
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66606	SHAWNEE	7852958000
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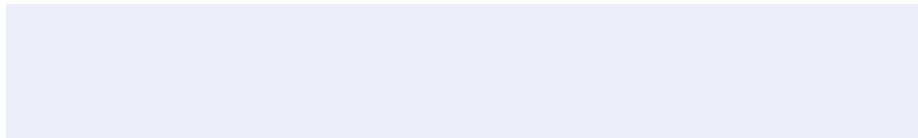
66606	SHAWNEE	7852958000
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67042	BUTLER	3163224557
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67042	BUTLER	3163224557
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

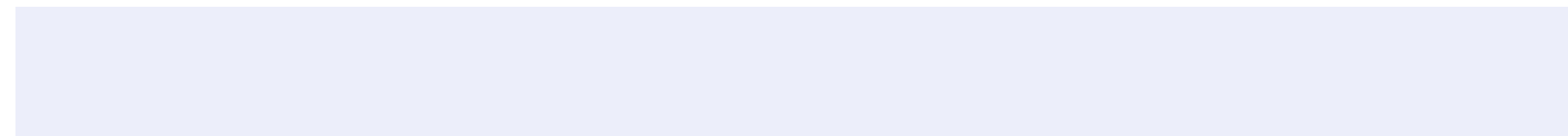
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$22226.00 \*



\$15842.00

20

\$12819.00 \*



\$14068.00 \*

\$24522.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

170020	PROMISE REGIONAL MEDICAL CENTER HUTCHINSON INC	1701 E 23RD AVENUE
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170020	PROMISE REGIONAL MEDICAL CENTER HUTCHINSON INC	1701 E 23RD AVENUE
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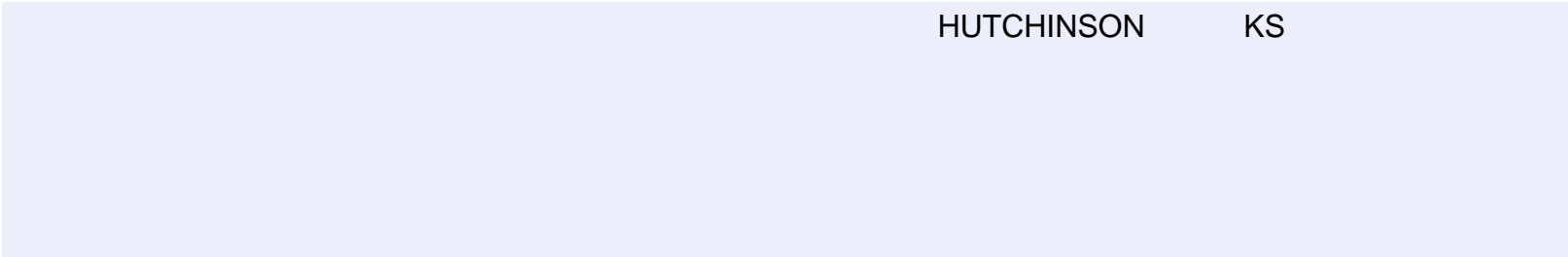
170023	ST CATHERINE HOSPITAL	401 EAST SPRUCE
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170023	ST CATHERINE HOSPITAL	401 EAST SPRUCE
--------	-----------------------	-----------------

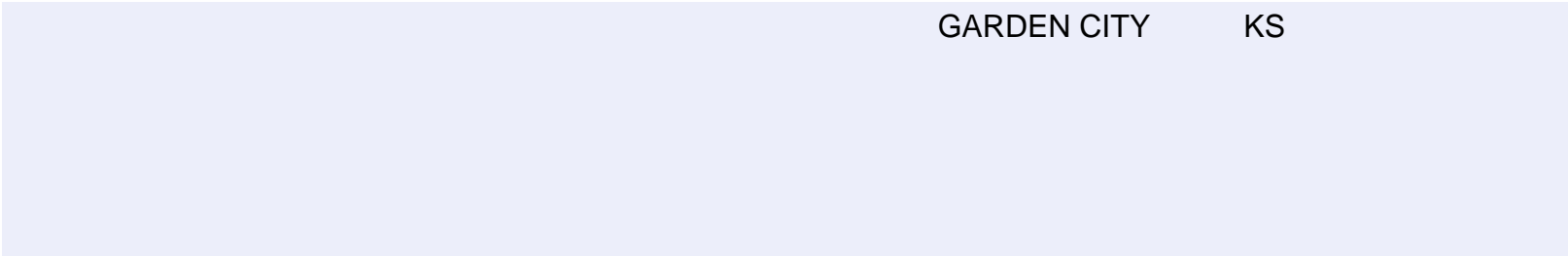
# knee

Based on Hospital Medicare Payment And Volume Measures

HUTCHINSON KS



GARDEN CITY KS





# knee

Based on Hospital Medicare Payment And Volume Measures

67502	RENO	6206652001
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67502	RENO	6206652001
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67846	FINNEY	6202722561
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67846	FINNEY	6202722561
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15680.00 \*

\$12542.00 \*

\$17119.00 \*

\$22158.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

170027	PRATT REGIONAL MEDICAL CENTER	200 COMMODORE ST
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170027	PRATT REGIONAL MEDICAL CENTER	200 COMMODORE ST
--------	-------------------------------	------------------

170027	PRATT REGIONAL MEDICAL CENTER	200 COMMODORE ST
--------	-------------------------------	------------------

170033	CENTRAL KANSAS MEDICAL CENTER	3515 BROADWAY ST
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170040	UNIVERSITY OF KANSAS HOSPITAL	3901 RAINBOW BLVD
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170040	UNIVERSITY OF KANSAS HOSPITAL	3901 RAINBOW BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

PRATT	KS
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PRATT	KS
-------	----

PRATT	KS
-------	----

GREAT BEND	KS
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KANSAS CITY	KS
-------------	----

KANSAS CITY	KS
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

67124	PRATT	6204501160
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67124	PRATT	6204501160
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67124	PRATT	6204501160
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67530	BARTON	6207866101
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66160	WYANDOTTE	9135887332
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66160	WYANDOTTE	9135887332
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$29699.00 \*

\$20023.00 \*



\$16016.00 \*

\$17246.00 \*

\$17683.00	47
\$22108.00	30

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

170040	UNIVERSITY OF KANSAS HOSPITAL	3901 RAINBOW BLVD
170049	OLATHE MEDICAL CENTER	20375 W 151ST ST #303
170049	OLATHE MEDICAL CENTER	20375 W 151ST ST #303
170049	OLATHE MEDICAL CENTER	20375 W 151ST ST #303
170058	MERCY HEALTH CENTER	401 WOODLAND HILLS BLVD
170068	SOUTHWEST MEDICAL CENTER	315 WEST 15TH STREET
170068	SOUTHWEST MEDICAL CENTER	315 WEST 15TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	KANSAS CITY	KS
	OLATHE	KS
	OLATHE	KS
	OLATHE	KS
	FORT SCOTT	KS
	LIBERAL	KS
	LIBERAL	KS

# knee

Based on Hospital Medicare Payment And Volume Measures

66160	WYANDOTTE	9135887332
66061	JOHNSON	9137914200

66061	JOHNSON	9137914200
66061	JOHNSON	9137914200
66701	BOURBON	6202237057

67901	SEWARD	6206296291
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67901	SEWARD	6206296291
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$32790.00	21
	\$18755.00 *	
	\$13684.00	17
	\$13130.00	16
	\$20832.00 *	
	\$18099.00 *	
	\$16035.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

170074	GEARY COMMUNITY HOSPITAL	1102 ST MARY'S ROAD
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170086	STORMONT-VAIL HEALTHCARE	1500 SW 10TH ST
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170086	STORMONT-VAIL HEALTHCARE	1500 SW 10TH ST
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170086	STORMONT-VAIL HEALTHCARE	1500 SW 10TH ST
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170103	NEWTON MEDICAL CENTER	800 MEDICAL CENTER DR
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170103	NEWTON MEDICAL CENTER	800 MEDICAL CENTER DR
--------	-----------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

JUNCTION CITY	KS
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TOPEKA	KS
--------	----

TOPEKA	KS
--------	----

TOPEKA	KS
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NEWTON	KS
--------	----

NEWTON	KS
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# knee

Based on Hospital Medicare Payment And Volume Measures

66441	GEARY	9132384131
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66604	SHAWNEE	7853546121
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66604	SHAWNEE	7853546121
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66604	SHAWNEE	7853546121
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67114	HARVEY	3168046001
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67114	HARVEY	3168046001
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13191.00 \*

\$26106.00 \*

\$17660.00 \*

\$14078.00 14

\$15887.00 12

\$18150.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

170104	SHAWNEE MISSION MEDICAL CENTER	9100 W 74TH STREET
170104	SHAWNEE MISSION MEDICAL CENTER	9100 W 74TH STREET
170104	SHAWNEE MISSION MEDICAL CENTER	9100 W 74TH STREET
170120	LABETTE HEALTH	1902 SOUTH US HWY 59
170120	LABETTE HEALTH	1902 SOUTH US HWY 59
170120	LABETTE HEALTH	1902 SOUTH US HWY 59

# knee

Based on Hospital Medicare Payment And Volume Measures

SHAWNEE MISSION	KS
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SHAWNEE MISSION	KS
SHAWNEE MISSION	KS

PARSONS	KS
PARSONS	KS

PARSONS	KS
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# knee

Based on Hospital Medicare Payment And Volume Measures

66204	JOHNSON	9136762151
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66204	JOHNSON	9136762151
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66204	JOHNSON	9136762151
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67357	LABETTE	6208205371
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67357	LABETTE	6208205371
-------	---------	------------

67357	LABETTE	6208205371
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$16516.00 \*

\$16474.00

25

\$13177.00 \*

\$13936.00

12

\$17418.00 \*

\$31127.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

170122	VIA CHRISTI HOSPITALS WICHITA INC	929 N ST FRANCIS ST
170122	VIA CHRISTI HOSPITALS WICHITA INC	929 N ST FRANCIS ST
170122	VIA CHRISTI HOSPITALS WICHITA INC	929 N ST FRANCIS ST
170123	WESLEY MEDICAL CENTER	550 N HILLSIDE ST
170123	WESLEY MEDICAL CENTER	550 N HILLSIDE ST
170123	WESLEY MEDICAL CENTER	550 N HILLSIDE ST
170133	CUSHING MEMORIAL HOSPITAL	711 MARSHALL STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	WICHITA	KS
	WICHITA	KS
	WICHITA	KS
	WICHITA	KS
	WICHITA	KS
	WICHITA	KS
	LEAVENWORTH	KS

# knee

Based on Hospital Medicare Payment And Volume Measures

67214	SEDGWICK	3162685000
67214	SEDGWICK	3162685000
67214	SEDGWICK	3162685000
67214	SEDGWICK	3169622000
67214	SEDGWICK	3169622000
67214	SEDGWICK	3169622000
66048	LEAVENWORTH	9136841102

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$27139.00	14
	\$18297.00	42
	\$14635.00 *	
	\$1201.00 *	
	\$19712.00	15
	\$23706.00 *	
	\$14093.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

170137

LAWRENCE MEMORIAL HOSPITAL

325 MAINE ST

170137

LAWRENCE MEMORIAL HOSPITAL

325 MAINE ST

170142

MERCY REGIONAL HEALTH CENTER

1823 COLLEGE AVE

170142

MERCY REGIONAL HEALTH CENTER

1823 COLLEGE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

LAWRENCE KS

LAWRENCE KS

MANHATTAN KS

MANHATTAN KS

# knee

Based on Hospital Medicare Payment And Volume Measures

66044

DOUGLAS

9137496100

66044

DOUGLAS

9137496100

66502

RILEY

9137762831

66502

RILEY

9137762831

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19529.00 \*

\$17062.00 \*

\$15611.00 \*

\$12486.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

170146	PROVIDENCE MEDICAL CENTER	8929 PARALLEL PARKWAY
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170146	PROVIDENCE MEDICAL CENTER	8929 PARALLEL PARKWAY
--------	---------------------------	-----------------------

170146	PROVIDENCE MEDICAL CENTER	8929 PARALLEL PARKWAY
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170150	SOUTH CENTRAL KS REGIONAL MED CENTER	216 WEST BIRCH AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

KANSAS CITY KS

KANSAS CITY KS

KANSAS CITY KS

ARKANSAS CITY KS

# knee

Based on Hospital Medicare Payment And Volume Measures

66112	WYANDOTTE	9135963930
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66112	WYANDOTTE	9135963930
-------	-----------	------------

66112	WYANDOTTE	9135963930
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67005	COWLEY	6204422500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17655.00 \*

\$29283.00 \*

\$14159.00 \*

\$12629.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

170150	SOUTH CENTRAL KS REGIONAL MED CENTER	216 WEST BIRCH AVENUE
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170175	WESTERN PLAINS MEDICAL COMPLEX	3001 AVENUE A
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170176	OVERLAND PARK REG MED CTR	10500 QUIVIRA ROAD
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170176	OVERLAND PARK REG MED CTR	10500 QUIVIRA ROAD
--------	---------------------------	--------------------

170176	OVERLAND PARK REG MED CTR	10500 QUIVIRA ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

ARKANSAS CITY KS

DODGE CITY KS

OVERLAND PARK KS

OVERLAND PARK KS

OVERLAND PARK KS



# knee

Based on Hospital Medicare Payment And Volume Measures

67005

COWLEY

6204422500

67801

FORD

6202258400

66215

JOHNSON

9135415301

66215

JOHNSON

9135415301

66215

JOHNSON

9135415301

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15789.00 \*

\$16607.00 \*

\$7723.00 \*

\$27821.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

170182	MENORAH MEDICAL CENTER	5721 WEST 119TH STREET
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170182	MENORAH MEDICAL CENTER	5721 WEST 119TH STREET
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170182	MENORAH MEDICAL CENTER	5721 WEST 119TH STREET
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170183	KANSAS SURGERY & RECOVERY CENTER	2770 N WEBB ROAD
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170183	KANSAS SURGERY & RECOVERY CENTER	2770 N WEBB ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

OVERLAND PARK KS

OVERLAND PARK KS

OVERLAND PARK KS

WICHITA KS

WICHITA KS

# knee

Based on Hospital Medicare Payment And Volume Measures

66209	JOHNSON	9134986773
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66209	JOHNSON	9134986773
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66209	JOHNSON	9134986773
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67226	SEDGWICK	3166340090
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67226	SEDGWICK	3166340090
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13121.00 \*

\$24331.00 \*

\$16404.00

12

\$15887.00 \*

\$12707.00

21

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

170185	SAINT LUKE'S SOUTH HOSPITAL	12300 METCALF AVENUE
170185	SAINT LUKE'S SOUTH HOSPITAL	12300 METCALF AVENUE
170185	SAINT LUKE'S SOUTH HOSPITAL	12300 METCALF AVENUE
170187	SALINA SURGICAL HOSPITAL	401 SOUTH SANTA FE AVENUE
170187	SALINA SURGICAL HOSPITAL	401 SOUTH SANTA FE AVENUE
170188	KANSAS CITY ORTHOPAEDIC	3651 COLLEGE BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

OVERLAND PARK KS

OVERLAND PARK KS

OVERLAND PARK KS

SALINA KS

SALINA KS

LEAWOOD KS

# knee

Based on Hospital Medicare Payment And Volume Measures

66213	JOHNSON	9133177904
66213	JOHNSON	9133177904

66213	JOHNSON	9133177904
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67401	SALINE	7854930685
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67401	SALINE	7854930685
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66211	JOHNSON	9133197633
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13113.00	28
	\$16430.00 *	
	\$13661.00 *	
	\$14934.00 *	
	\$11946.00 *	
	\$13113.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## INSTITUTE

170191	GREAT BEND REGIONAL HOSPITAL	514 CLEVELAND STREET
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170191	GREAT BEND REGIONAL HOSPITAL	514 CLEVELAND STREET
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170194	DOCTORS HOSPITAL LLC	4901 COLLEGE BLVD
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170195	HEARTLAND SURGICAL SPEC HOSPITAL	10720 NALL AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

GREAT BEND KS

GREAT BEND KS

LEAWOOD KS

OVERLAND PARK KS

# knee

Based on Hospital Medicare Payment And Volume Measures

67530

BARTON

6207928833

67530

BARTON

6207928833

66211

JOHNSON

9135291801

66211

JOHNSON

9137544505

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$11946.00 \*

\$17901.00 \*

\$25628.00 \*

\$16585.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

170196	KANSAS SPINE HOSPITAL LLC	3333 NORTH WEBB ROAD
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170196	KANSAS SPINE HOSPITAL LLC	3333 NORTH WEBB ROAD
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170197	KANSAS MEDICAL CENTER LLC	1124 WEST 21ST STREET
--------	---------------------------	-----------------------

170197	KANSAS MEDICAL CENTER LLC	1124 WEST 21ST STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

WICHITA

KS

WICHITA

KS

ANDOVER

KS

ANDOVER

KS



# knee

Based on Hospital Medicare Payment And Volume Measures

67226

SEDGWICK

3164625326

67226

SEDGWICK

3164625326

67002

BUTLER

3163004000

67002

BUTLER

3163004000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$10148.00 \*

\$15887.00 \*

\$15887.00 \*

\$12707.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

170198	SUMMIT SURGICAL LLC	1818 EAST 23RD AVENUE
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180001	ST ELIZABETH FT THOMAS	85 NORTH GRAND AVENUE
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180009	KING'S DAUGHTERS' MEDICAL CENTER	2201 LEXINGTON AVENUE
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180009	KING'S DAUGHTERS' MEDICAL CENTER	2201 LEXINGTON AVENUE
--------	-------------------------------------	-----------------------

180009	KING'S DAUGHTERS' MEDICAL	2201 LEXINGTON AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

HUTCHINSON KS

FORT THOMAS KY

ASHLAND KY

ASHLAND KY

ASHLAND KY

# knee

Based on Hospital Medicare Payment And Volume Measures

67502	RENO	6206634800
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41075	CAMPBELL	8595723100
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41101	BOYD	6063274000
-------	------	------------

41101	BOYD	6063274000
-------	------	------------

41101	BOYD	6063274000
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$11946.00 \*

\$14221.00 \*

\$23383.00 \*

\$18803.00 \*

\$15040.00

12

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180011	CENTER SAINT JOSEPH HOSPITAL LONDON	1001 SAINT JOSEPH LANE
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180012	HARDIN MEMORIAL HOSPITAL	913 NORTH DIXIE AVENUE
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180012	HARDIN MEMORIAL HOSPITAL	913 NORTH DIXIE AVENUE
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180013	THE MEDICAL CENTER AT BOWLING GREEN	250 PARK STREET
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180013	THE MEDICAL CENTER AT BOWLING GREEN	250 PARK STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

LONDON KY

ELIZABETHTOWN KY

ELIZABETHTOWN KY

BOWLING GREEN KY

BOWLING GREEN KY

# knee

Based on Hospital Medicare Payment And Volume Measures

40741

LAUREL

6063306000

42701

HARDIN

2707371212

42701

HARDIN

2707371212

42101

WARREN

2707451000

42101

WARREN

2707451000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27764.00 \*



\$17590.00 \*



\$15034.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

180016	JEWISH HOSPITAL - SHELBYVILLE	727 HOSPITAL DRIVE
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180016	JEWISH HOSPITAL - SHELBYVILLE	727 HOSPITAL DRIVE
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180017	T J SAMSON COMMUNITY HOSPITAL	1301 NORTH RACE STREET
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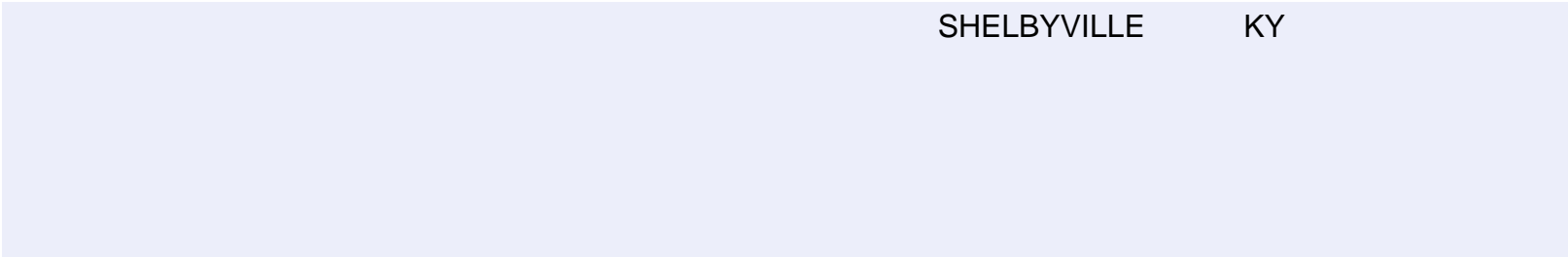
180017	T J SAMSON COMMUNITY HOSPITAL	1301 NORTH RACE STREET
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180019	MEADOWVIEW REGIONAL MEDICAL	989 MEDICAL PARK DRIVE
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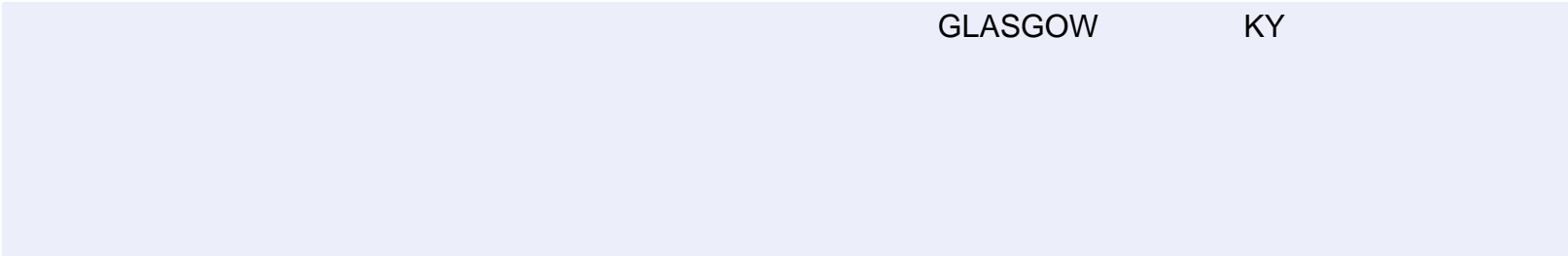
# knee

Based on Hospital Medicare Payment And Volume Measures

SHELBYVILLE KY



GLASGOW KY



MAYSVILLE KY

# knee

Based on Hospital Medicare Payment And Volume Measures

40065	SHELBY	5026474300
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40065	SHELBY	5026474300
-------	--------	------------

42141	BARREN	2706514159
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42141	BARREN	2706514159
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41056	MASON	6067595311
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13540.00 \*

\$16927.00 \*

\$18603.00 \*

\$14880.00 \*

\$13124.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

180024

SPRING VIEW HOSPITAL

320 LORETTO ROAD

180024

SPRING VIEW HOSPITAL

320 LORETTO ROAD

180025

FLAGET MEMORIAL HOSPITAL  
(MEMBER OF SAINT JOSEPH H

4305 NEW  
SHEPHERDSVILLE ROAD

180025

FLAGET MEMORIAL HOSPITAL  
(MEMBER OF SAINT JOSEPH H

4305 NEW  
SHEPHERDSVILLE ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

LEBANON KY

LEBANON KY

BARDSTOWN KY

BARDSTOWN KY



# knee

Based on Hospital Medicare Payment And Volume Measures

40033

MARION

2706925145

40033

MARION

2706925145

40004

NELSON

5023505000

40004

NELSON

5023505000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14251.00 \*

\$17817.00 \*

\$14119.00 \*

\$24795.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

180025	FLAGET MEMORIAL HOSPITAL (MEMBER OF SAINT JOSEPH H	4305 NEW SHEPHERDSVILLE ROAD
180027	MURRAY-CALLOWAY COUNTY HOSPITAL	803 POPLAR STREET
180027	MURRAY-CALLOWAY COUNTY HOSPITAL	803 POPLAR STREET
180029	HAZARD ARH REGIONAL MEDICAL CENTER	100 MEDICAL CENTER DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

BARDSTOWN KY

MURRAY KY

MURRAY KY

HAZARD KY

# knee

Based on Hospital Medicare Payment And Volume Measures

40004	NELSON	5023505000
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42071	CALLOWAY	2707621100
-------	----------	------------

42071	CALLOWAY	2707621100
-------	----------	------------

41701	PERRY	6064396600
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13639.00 \*

\$13003.00 \*

\$16199.00 \*

\$28304.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180035	ST ELIZABETH MEDICAL CENTER NORTH	401 EAST 20TH STREET
180035	ST ELIZABETH MEDICAL CENTER NORTH	401 EAST 20TH STREET
180035	ST ELIZABETH MEDICAL CENTER NORTH	401 EAST 20TH STREET
180036	OUR LADY OF BELLEFONTE HOSPITAL	1000 SAINT CHRISTOPHER DRIVE
180036	OUR LADY OF BELLEFONTE HOSPITAL	1000 SAINT CHRISTOPHER DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

COVINGTON KY

COVINGTON KY

COVINGTON KY

ASHLAND KY

ASHLAND KY

# knee

Based on Hospital Medicare Payment And Volume Measures

41014	KENTON	8592922000
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41014	KENTON	8592922000
-------	--------	------------

41014	KENTON	8592922000
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41101	GREENUP	6068333600
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41101	GREENUP	6068333600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14290.00 \*

\$26330.00 \*

\$16273.00

16

\$15058.00 \*

\$26801.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180036	OUR LADY OF BELLEFONTE HOSPITAL	1000 SAINT CHRISTOPHER DRIVE
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180038	OWENSBORO MEDICAL HEALTH SYSTEM	811 EAST PARRISH AVENUE
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180038	OWENSBORO MEDICAL HEALTH SYSTEM	811 EAST PARRISH AVENUE
--------	------------------------------------	-------------------------

180038	OWENSBORO MEDICAL HEALTH SYSTEM	811 EAST PARRISH AVENUE
--------	------------------------------------	-------------------------

180040	JEWISH HOSPITAL & ST MARY'S	200 ABRAHAM FLEXNER
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# knee

Based on Hospital Medicare Payment And Volume Measures

ASHLAND KY

OWENSBORO KY

OWENSBORO KY

OWENSBORO KY

LOUISVILLE KY

# knee

Based on Hospital Medicare Payment And Volume Measures

41101

GREENUP

6068333600

42303

DAVIESS

5026882000

42303

DAVIESS

5026882000

42303

DAVIESS

5026882000

40202

JEFFERSON

5025874011

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14509.00 \*

\$14977.00 \*

\$36600.00 \*

\$20071.00 \*

\$19606.00

64

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180040	HEALTHCARE JEWISH HOSPITAL & ST MARY'S HEALTHCARE	WAY 200 ABRAHAM FLEXNER WAY
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180040	JEWISH HOSPITAL & ST MARY'S HEALTHCARE	200 ABRAHAM FLEXNER WAY
180044	PIKEVILLE MEDICAL CENTER	911 BYPASS ROAD

180045	ST ELIZABETH FLORENCE	4900 HOUSTON ROAD
180045	ST ELIZABETH FLORENCE	4900 HOUSTON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

LOUISVILLE KY

LOUISVILLE KY

PIKEVILLE KY

FLORENCE KY

FLORENCE KY



# knee

Based on Hospital Medicare Payment And Volume Measures

40202	JEFFERSON	5025874011
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40202	JEFFERSON	5025874011
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41501	PIKE	6064373500
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41042	BOONE	8599625200
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41042	BOONE	8599625200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$28427.00 \*

\$15826.00

49

\$303.00 \*

\$17955.00 \*

\$31668.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

180048	EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	217 SOUTH THIRD STREET
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180048	EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	217 SOUTH THIRD STREET
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180049	PATTIE A CLAY REGIONAL MEDICAL CENTER	801 EASTERN BYPASS
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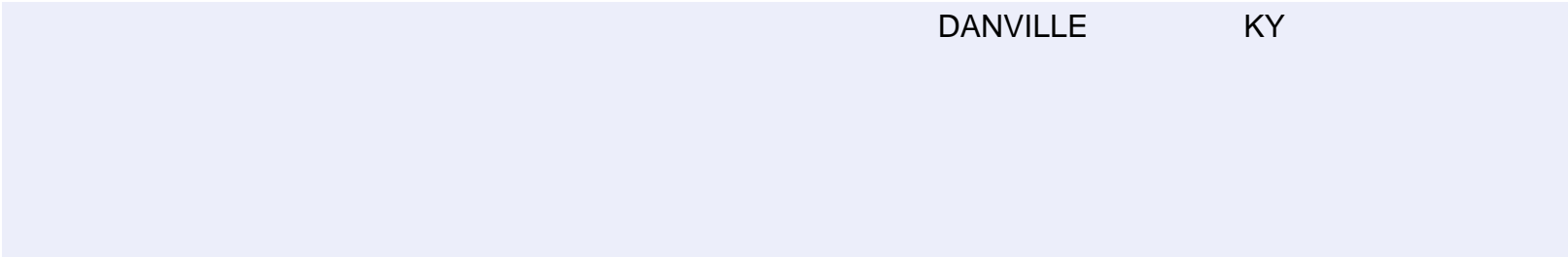
180049	PATTIE A CLAY REGIONAL MEDICAL CENTER	801 EASTERN BYPASS
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180056	METHODIST HOSPITAL	1305 N ELM ST
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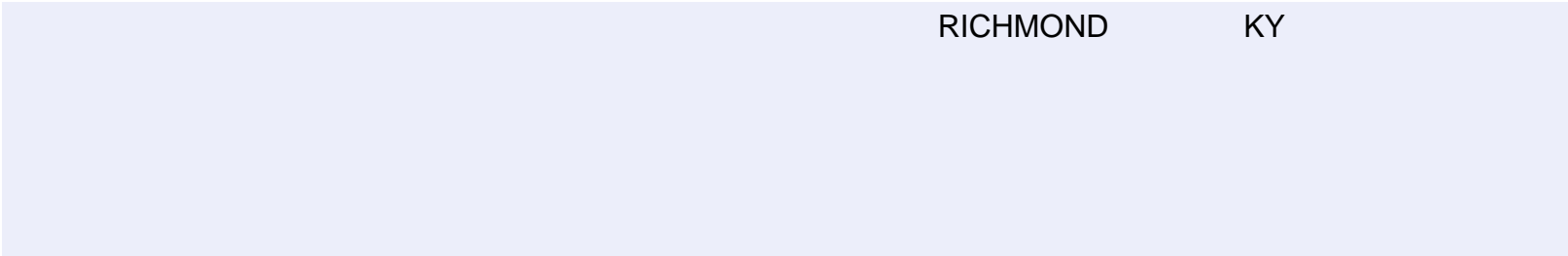
# knee

Based on Hospital Medicare Payment And Volume Measures

DANVILLE KY



RICHMOND KY



HENDERSON KY

# knee

Based on Hospital Medicare Payment And Volume Measures

40422

BOYLE

8592392409

40422

BOYLE

8592392409

40475

MADISON

8596233131

40475

MADISON

8596233131

42420

HENDERSON

2708277700

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$12382.00 \*

\$18376.00 \*

\$28877.00 \*

\$15573.00 \*

\$14493.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180056	METHODIST HOSPITAL	1305 N ELM ST
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180064	SAINT JOSEPH MOUNT STERLING	50 STERLING AVENUE
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180067	UNIVERSITY OF KENTUCKY HOSPITAL	HOSPITAL ADMINISTRATION
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180067	UNIVERSITY OF KENTUCKY HOSPITAL	HOSPITAL ADMINISTRATION
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180067	UNIVERSITY OF KENTUCKY HOSPITAL	HOSPITAL ADMINISTRATION
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180079	HARRISON MEMORIAL HOSPITAL	1210 KY HWY 36 E
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# knee

Based on Hospital Medicare Payment And Volume Measures

HENDERSON KY

MOUNT STERLING KY

LEXINGTON KY

LEXINGTON KY

LEXINGTON KY

CYNTHIANA KY

# knee

Based on Hospital Medicare Payment And Volume Measures

42420	HENDERSON	2708277700
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40353	MONTGOMERY	8594981220
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40536	FAYETTE	8593235470
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40536	FAYETTE	8593235470
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40536	FAYETTE	8593235470
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41031	HARRISON	8592342300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18678.00 \*

\$16779.00 \*

\$24846.00

24

\$36811.00

12

\$19828.00

33

\$13819.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

180080	BAPTIST REGIONAL MEDICAL CENTER	ONE TRILLIUM WAY
180080	BAPTIST REGIONAL MEDICAL CENTER	ONE TRILLIUM WAY
180080	BAPTIST REGIONAL MEDICAL CENTER	ONE TRILLIUM WAY
180087	TAYLOR REGIONAL HOSPITAL	1700 OLD LEBANON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

CORBIN

KY

CORBIN

KY

CORBIN

KY

CAMPBELLSVILLE KY

# knee

Based on Hospital Medicare Payment And Volume Measures

40701

KNOX

6065281212

40701

KNOX

6065281212

40701

KNOX

6065281212

42718

TAYLOR

2704653561

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17813.00 \*

\$17775.00 \*

\$14276.00 \*

\$16298.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180088	NORTON HOSPITALS, INC	200 EAST CHESTNUT STREET
180088	NORTON HOSPITALS, INC	200 EAST CHESTNUT STREET
180088	NORTON HOSPITALS, INC	200 EAST CHESTNUT STREET
180092	CLARK REGIONAL MEDICAL CENTER	1107 WEST LEXINGTON AVENUE
180092	CLARK REGIONAL MEDICAL CENTER	1107 WEST LEXINGTON AVENUE
180093	REGIONAL MEDICAL CENTER OF HOPKINS COUNTY	900 HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

LOUISVILLE KY

LOUISVILLE KY

LOUISVILLE KY

WINCHESTER KY

WINCHESTER KY

MADISONVILLE KY



# knee

Based on Hospital Medicare Payment And Volume Measures

40202	JEFFERSON	5026296560
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40202	JEFFERSON	5026296560
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40202	JEFFERSON	5026296560
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40391	CLARK	8597453500
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40391	CLARK	8597453500
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42431	HOPKINS	2708255100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16781.00	54
	\$29774.00 *	
	\$16057.00	21
	\$14088.00 *	
	\$17613.00 *	
	\$14470.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180093	REGIONAL MEDICAL CENTER OF HOPKINS COUNTY	900 HOSPITAL DRIVE
180093	REGIONAL MEDICAL CENTER OF HOPKINS COUNTY	900 HOSPITAL DRIVE
180101	GEORGETOWN COMMUNITY HOSPITAL	1140 LEXINGTON ROAD
180101	GEORGETOWN COMMUNITY HOSPITAL	1140 LEXINGTON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

MADISONVILLE KY

MADISONVILLE KY

GEORGETOWN KY

GEORGETOWN KY

# knee

Based on Hospital Medicare Payment And Volume Measures

42431	HOPKINS	2708255100
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42431	HOPKINS	2708255100
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40324	SCOTT	5028681100
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40324	SCOTT	5028681100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25754.00 \*

\$13889.00 \*

\$17613.00 \*

\$14088.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180102

LOURDES HOSPITAL

1530 LONE OAK ROAD

180102

LOURDES HOSPITAL

1530 LONE OAK ROAD

180102

LOURDES HOSPITAL

1530 LONE OAK ROAD

180103

CENTRAL BAPTIST HOSPITAL

1740 NICHOLASVILLE ROAD

180103

CENTRAL BAPTIST HOSPITAL

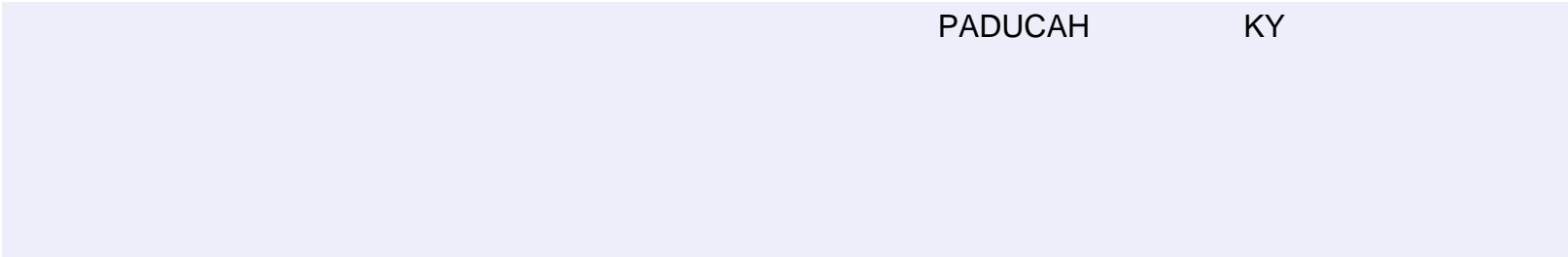
1740 NICHOLASVILLE ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures



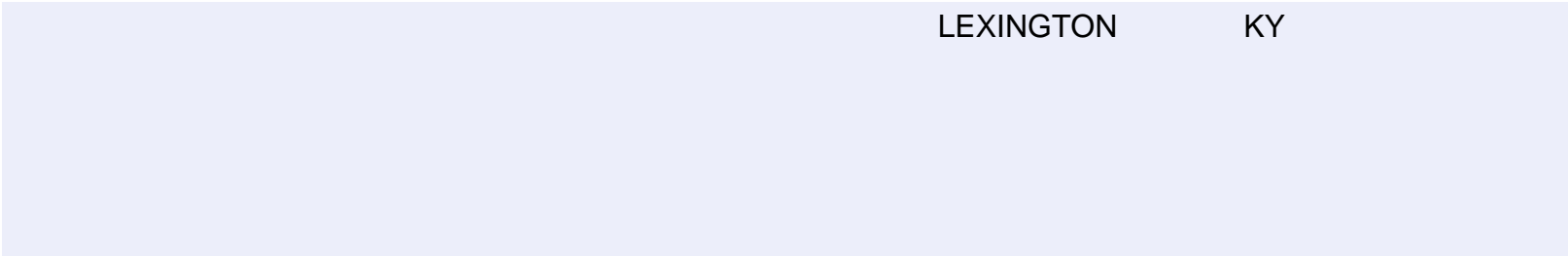
PADUCAH KY



PADUCAH KY



PADUCAH KY



LEXINGTON KY



LEXINGTON KY

# knee

Based on Hospital Medicare Payment And Volume Measures

42001	MCCRACKEN	2704442444
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42001	MCCRACKEN	2704442444
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42001	MCCRACKEN	2704442444
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40503	FAYETTE	8592606100
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40503	FAYETTE	8592606100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$11445.00 *	
	\$15608.00 *	
	\$15642.00 *	
	\$25033.00 *	
	\$17842.00	44

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

180103	CENTRAL BAPTIST HOSPITAL	1740 NICHOLASVILLE ROAD
180104	WESTERN BAPTIST HOSPITAL	2501 KENTUCKY AVENUE
180104	WESTERN BAPTIST HOSPITAL	2501 KENTUCKY AVENUE
180104	WESTERN BAPTIST HOSPITAL	2501 KENTUCKY AVENUE
180116	JACKSON PURCHASE MEDICAL CENTER	1099 MEDICAL CENTER CIRCLE

# knee

Based on Hospital Medicare Payment And Volume Measures

LEXINGTON KY

PADUCAH KY

PADUCAH KY

PADUCAH KY

MAYFIELD KY

# knee

Based on Hospital Medicare Payment And Volume Measures

40503	FAYETTE	8592606100
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42003	MCCRACKEN	2705752300
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42003	MCCRACKEN	2705752300
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42003	MCCRACKEN	2705752300
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42066	GRAVES	2702514500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14271.00 \*

\$12614.00 \*

\$18442.00 \*

\$30825.00 \*

\$13815.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

180116	JACKSON PURCHASE MEDICAL CENTER	1099 MEDICAL CENTER CIRCLE
180124	GREENVIEW REGIONAL HOSPITAL	1801 ASHLEY CIRCLE
180124	GREENVIEW REGIONAL HOSPITAL	1801 ASHLEY CIRCLE
180127	FRANKFORT REGIONAL MEDICAL CENTER	299 KINGS DAUGHTERS DRIVE
180130	BAPTIST HOSPITAL EAST	4000 KRESGE WAY
180130	BAPTIST HOSPITAL EAST	4000 KRESGE WAY

# knee

Based on Hospital Medicare Payment And Volume Measures

MAYFIELD KY

BOWLING GREEN KY

BOWLING GREEN KY

FRANKFORT KY

LOUISVILLE KY

LOUISVILLE KY



# knee

Based on Hospital Medicare Payment And Volume Measures

42066	GRAVES	2702514500
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42104	WARREN	2707931000
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42104	WARREN	2707931000
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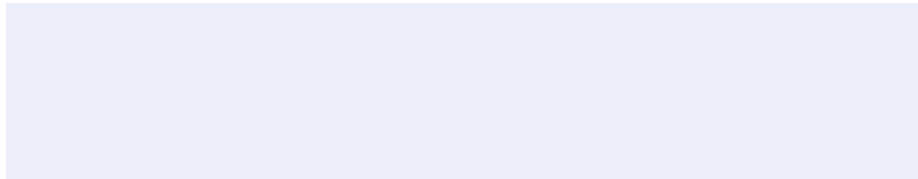
40601	FRANKLIN	5028755240
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40207	JEFFERSON	5028978100
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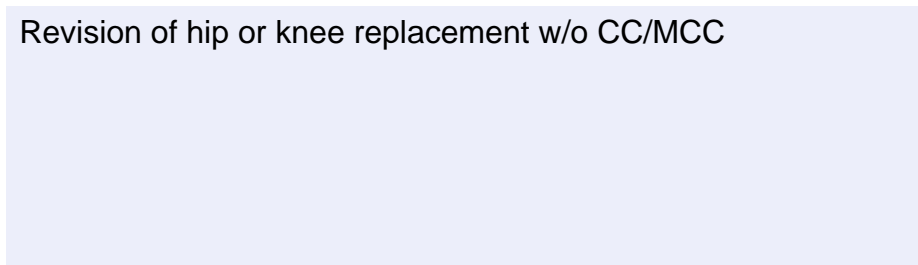
40207	JEFFERSON	5028978100
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# knee

Based on Hospital Medicare Payment And Volume Measures



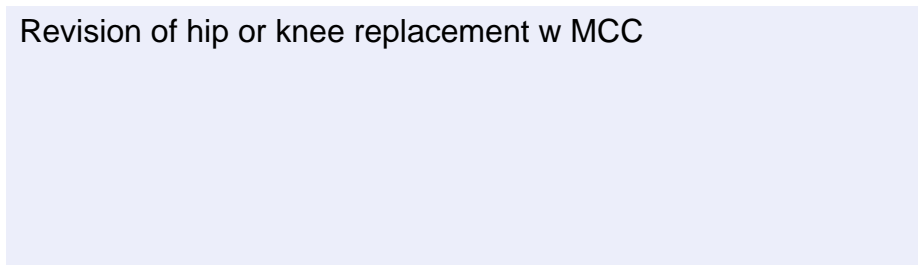
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

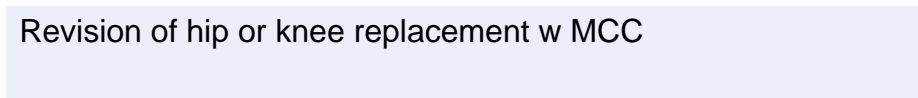
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$13761.00 \*

\$17150.00 13

\$1068.00 \*

\$12946.00 62

\$24006.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

180130	BAPTIST HOSPITAL EAST	4000 KRESGE WAY
180132	LAKE CUMBERLAND REGIONAL HOSPITAL	305 LANGDON STREET
180132	LAKE CUMBERLAND REGIONAL HOSPITAL	305 LANGDON STREET
180141	UNIVERSITY OF LOUISVILLE HOSPITAL	530 SOUTH JACKSON STREET
180141	UNIVERSITY OF LOUISVILLE HOSPITAL	530 SOUTH JACKSON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

LOUISVILLE KY

SOMERSET KY

SOMERSET KY

LOUISVILLE KY

LOUISVILLE KY

# knee

Based on Hospital Medicare Payment And Volume Measures

40207	JEFFERSON	5028978100
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42503	PULASKI	6066797441
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42503	PULASKI	6066797441
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40202	JEFFERSON	5025623000
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40202	JEFFERSON	5025623000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

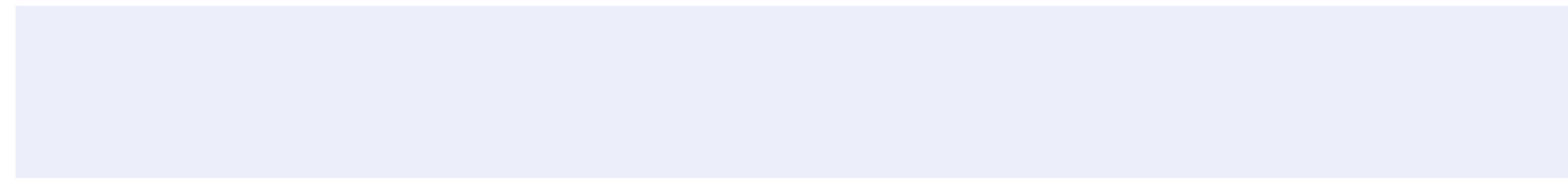
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

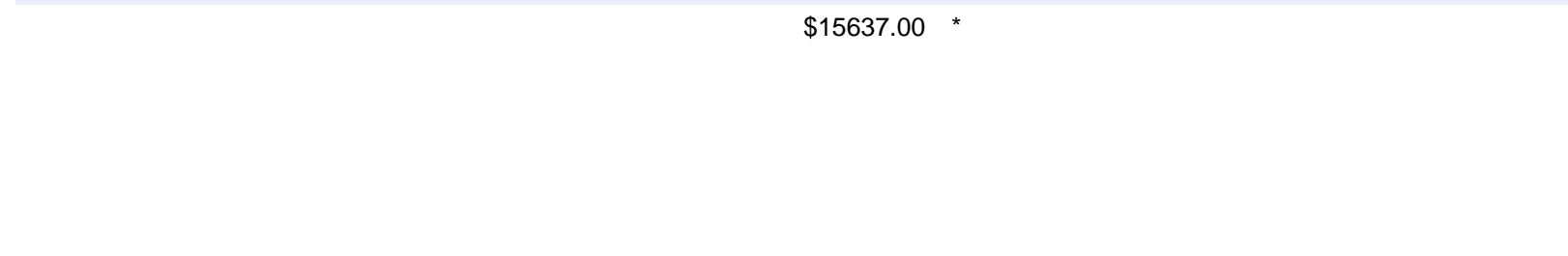


\$13488.00

17



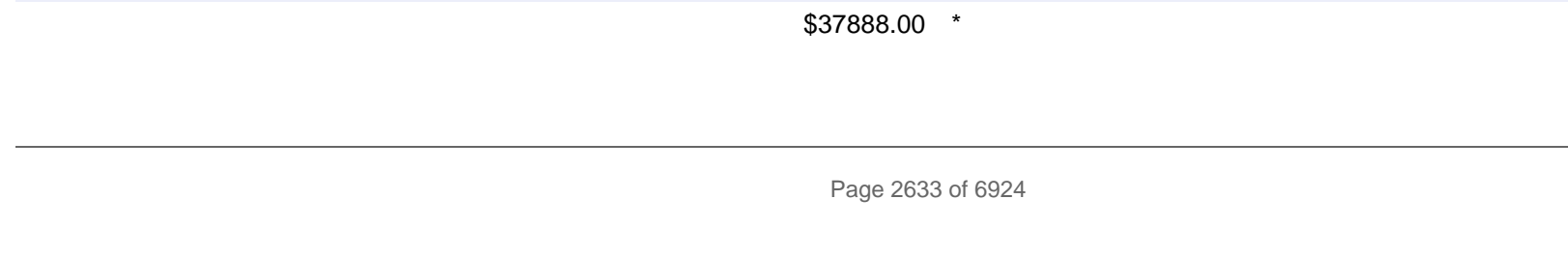
\$19481.00 \*



\$15637.00 \*



\$20432.00 \*



\$37888.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

180141	UNIVERSITY OF LOUISVILLE HOSPITAL	530 SOUTH JACKSON STREET
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180143	SAINT JOSEPH EAST	150 NORTH EAGLE CREEK DRIVE
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180143	SAINT JOSEPH EAST	150 NORTH EAGLE CREEK DRIVE
--------	-------------------	--------------------------------

180143	SAINT JOSEPH EAST	150 NORTH EAGLE CREEK DRIVE
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190002	LAFAYETTE GENERAL MEDICAL CENTER	1214 COOLIDGE AVENUE
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190002	LAFAYETTE GENERAL MEDICAL	1214 COOLIDGE AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

LOUISVILLE KY

LEXINGTON KY

LEXINGTON KY

LEXINGTON KY

LAFAYETTE LA

LAFAYETTE LA

# knee

Based on Hospital Medicare Payment And Volume Measures

40202	JEFFERSON	5025623000
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40509	FAYETTE	8599675000
-------	---------	------------

40509	FAYETTE	8599675000
-------	---------	------------

40509	FAYETTE	8599675000
-------	---------	------------

70503	LAFAYETTE	3372897991
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70503	LAFAYETTE	3372897991
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21287.00 \*

\$18004.00

24

\$20668.00 \*

\$14507.00

12

\$25238.00 \*

\$17916.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

CENTER		
190002	LAFAYETTE GENERAL MEDICAL CENTER	1214 COOLIDGE AVENUE
190003	DAUTERIVE HOSPITAL	600 NORTH LEWIS STREET
190003	DAUTERIVE HOSPITAL	600 NORTH LEWIS STREET
190004	THIBODAUX REGIONAL MEDICAL CENTER	602 N ACADIA ROAD
190004	THIBODAUX REGIONAL MEDICAL	602 N ACADIA ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

LAFAYETTE LA

NEW IBERIA LA

NEW IBERIA LA

THIBODAUX LA

THIBODAUX LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70503	LAFAYETTE	3372897991
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70563	IBERIA	3373744101
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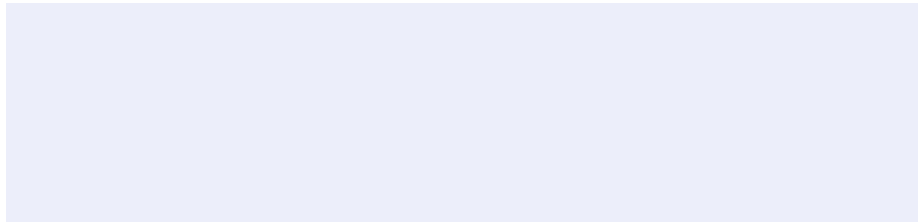
70563	IBERIA	3373744101
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70301	LAFOURCHE	9854475500
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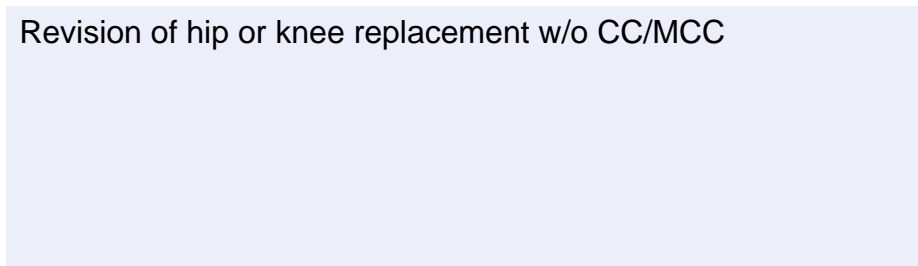
70301	LAFOURCHE	9854475500
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# knee

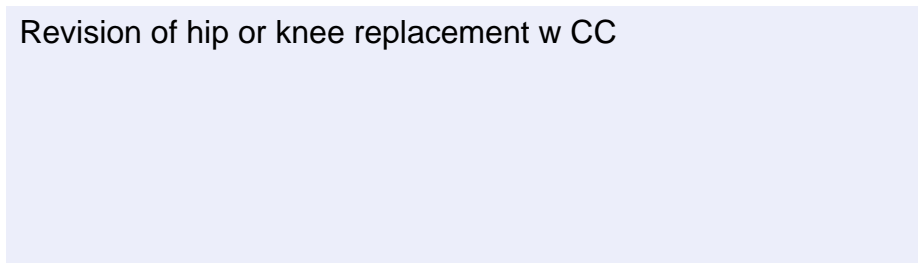
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14275.00	14
	\$16486.00	*
	\$20039.00	*
	\$15704.00	*
	\$1068.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

190004	THIBODAUX REGIONAL MEDICAL CENTER	602 N ACADIA ROAD
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190007	NATCHITOCHES REGIONAL MEDICAL CENTER	501 KEYSER AVE
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190007	NATCHITOCHES REGIONAL MEDICAL CENTER	501 KEYSER AVE
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190008	TERREBONNE GENERAL MEDICAL CENTER	8166 MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

THIBODAUX LA

NATCHITOCHES LA

NATCHITOCHES LA

HOUMA LA



# knee

Based on Hospital Medicare Payment And Volume Measures

70301	LAFOURCHE	9854475500
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71457	NATCHITOCHE	3183521200
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71457	NATCHITOCHE	3183521200
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70360	TERREBONNE	9858734141
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12687.00 \*

\$12893.00 \*

\$16119.00 \*

\$13834.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190008	TERREBONNE GENERAL MEDICAL CENTER	8166 MAIN STREET
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190013	WEST CALCASIEU CAMERON HOSPITAL	701 EAST CYPRESS STREET
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190013	WEST CALCASIEU CAMERON HOSPITAL	701 EAST CYPRESS STREET
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190014	TECHE REGIONAL MEDICAL CENTER	1125 MARGUERITE STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

HOUMA

LA

SULPHUR

LA

SULPHUR

LA

MORGAN CITY

LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70360	TERREBONNE	9858734141
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70663	CALCASIEU	3375274240
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70663	CALCASIEU	3375274240
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70381	SAINT MARY	5043842200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13312.00 \*

\$12249.00 \*

\$15313.00 \*

\$18081.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190014	TECHE REGIONAL MEDICAL CENTER	1125 MARGUERITE STREET
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190015	NORTH OAKS MEDICAL CENTER	15790 PAUL VEGA MD DRIVE
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190015	NORTH OAKS MEDICAL CENTER	15790 PAUL VEGA MD DRIVE
--------	---------------------------	--------------------------

190015	NORTH OAKS MEDICAL CENTER	15790 PAUL VEGA MD DRIVE
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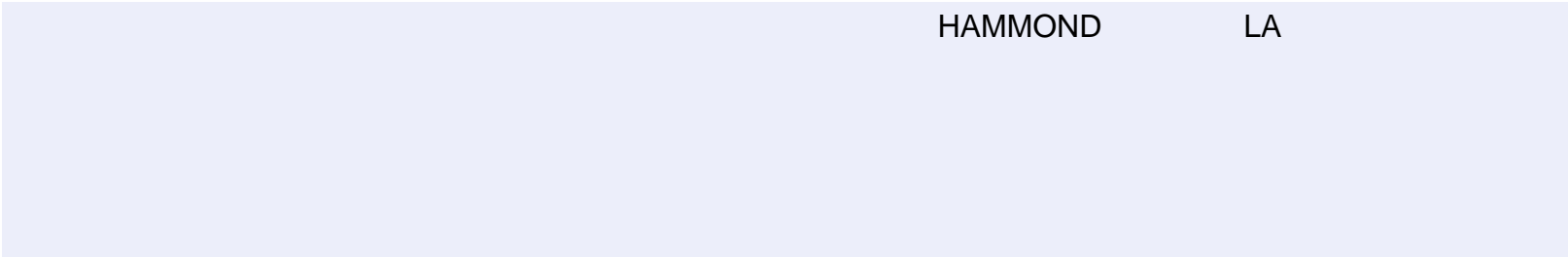
190017	OPELOUSAS GENERAL HEALTH	539 EAST PRUDHOMME
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# knee

Based on Hospital Medicare Payment And Volume Measures



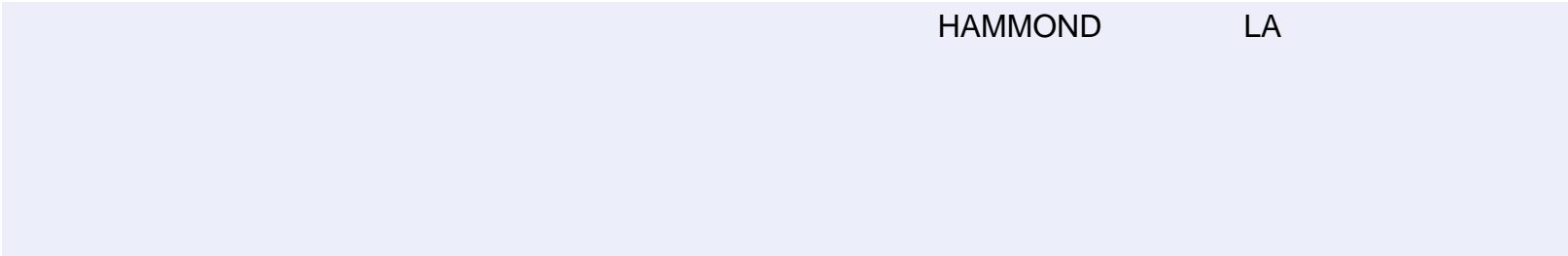
MORGAN CITY LA



HAMMOND LA



HAMMOND LA



HAMMOND LA



OPELOUSAS LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70381	SAINT MARY	5043842200
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70403	TANGIPAHOA	9853452700
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70403	TANGIPAHOA	9853452700
-------	------------	------------

70403	TANGIPAHOA	9853452700
-------	------------	------------

70570	SAINT LANDRY	3379483011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19705.00 \*

\$15772.00 \*

\$13453.00 \*

\$28404.00 \*

\$29205.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

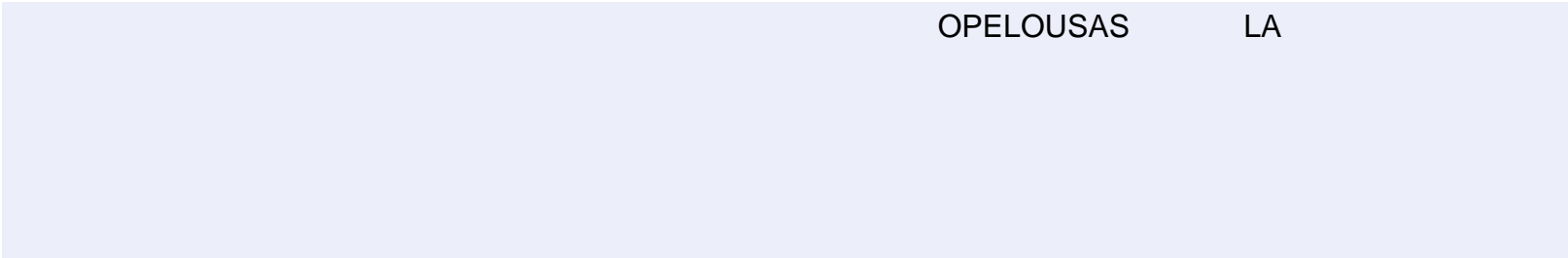
Based on Hospital Medicare Payment And Volume Measures

	SYSTEM	STREET
190017	OPELOUSAS GENERAL HEALTH SYSTEM	539 EAST PRUDHOMME STREET
190017	OPELOUSAS GENERAL HEALTH SYSTEM	539 EAST PRUDHOMME STREET
190019	CHRISTUS ST FRANCES CABRINI HOSPITAL	3330 MASONIC DRIVE
190019	CHRISTUS ST FRANCES CABRINI HOSPITAL	3330 MASONIC DRIVE

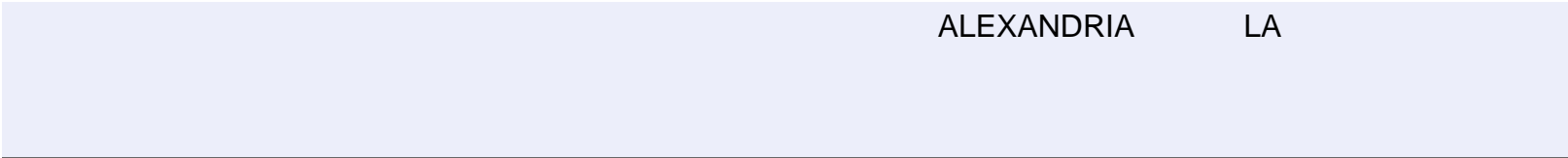
# knee

Based on Hospital Medicare Payment And Volume Measures

OPELOUSAS LA



ALEXANDRIA LA



# knee

Based on Hospital Medicare Payment And Volume Measures

70570

SAINT LANDRY

3379483011

70570

SAINT LANDRY

3379483011

71301

RAPIDES

3184486700

71301

RAPIDES

3184486700

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$10653.00 \*

\$15947.00 \*

\$13511.00 \*

\$10635.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190020	LANE REGIONAL MEDICAL CENTER	6300 MAIN STREET
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190020	LANE REGIONAL MEDICAL CENTER	6300 MAIN STREET
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190025	SAVOY MEDICAL CENTER	801 POINCIANA AVENUE
--------	----------------------	----------------------

190025	SAVOY MEDICAL CENTER	801 POINCIANA AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ZACHARY

LA

ZACHARY

LA

MAMOU

LA

MAMOU

LA



# knee

Based on Hospital Medicare Payment And Volume Measures

70791	EAST BATON ROUGE	2256584303
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70791	EAST BATON ROUGE	2256584303
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70554	EVANGELINE	3374685261
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70554	EVANGELINE	3374685261
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

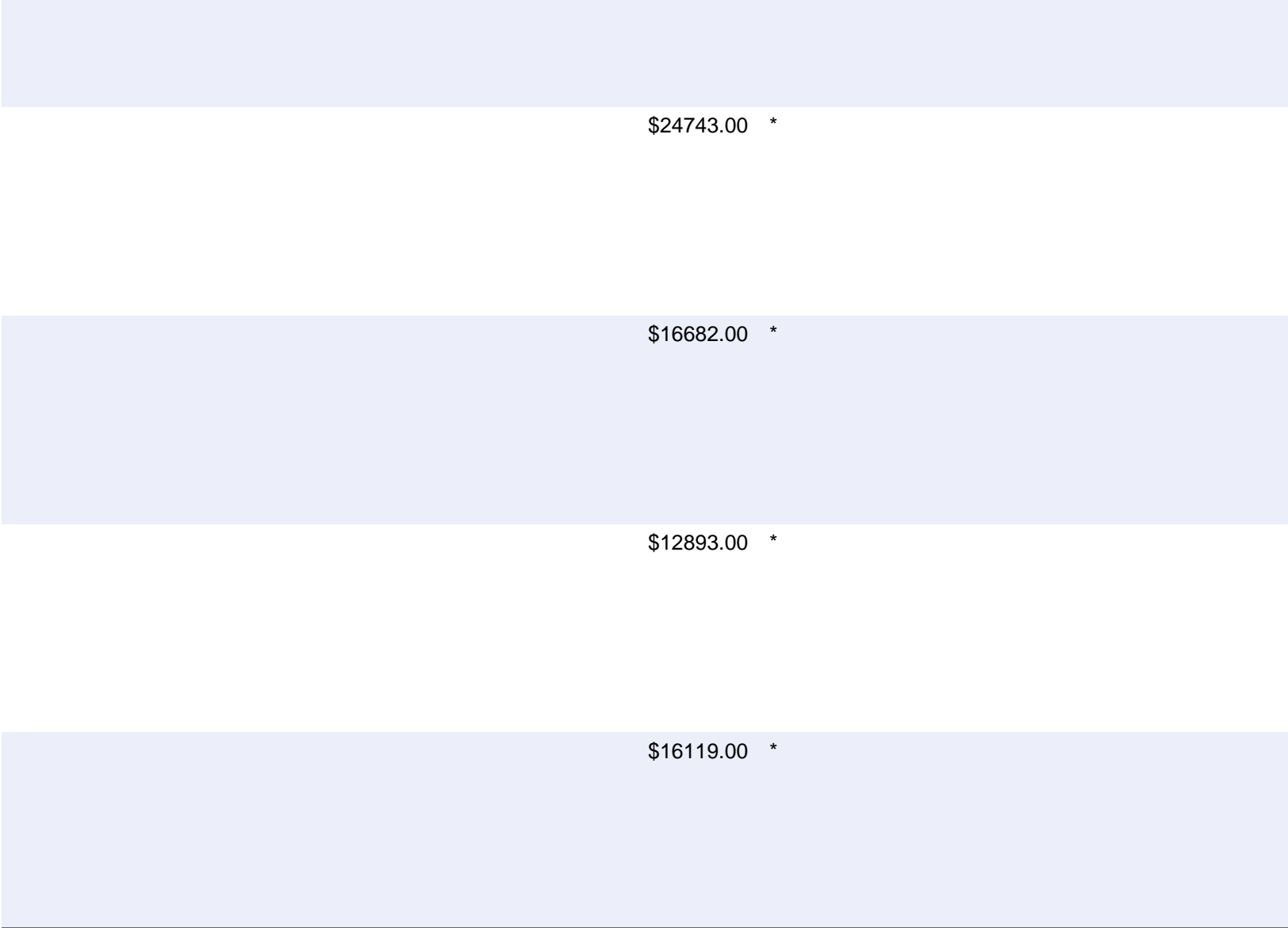
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$24743.00 *
2	\$16682.00 *
3	\$12893.00 *
4	\$16119.00 *

\$24743.00 \*

\$16682.00 \*

\$12893.00 \*

\$16119.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190026	RAPIDES REGIONAL MEDICAL CENTER	211 4TH STREET
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190026	RAPIDES REGIONAL MEDICAL CENTER	211 4TH STREET
--------	------------------------------------	----------------

190027	CHRISTUS ST PATRICK HOSPITAL	524 DR MICHAEL DEBAKEY STREET
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190027	CHRISTUS ST PATRICK HOSPITAL	524 DR MICHAEL DEBAKEY STREET
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190036	OCHSNER FOUNDATION HOSPITAL	1516 JEFFERSON HWY
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# knee

Based on Hospital Medicare Payment And Volume Measures

ALEXANDRIA LA

ALEXANDRIA LA

LAKE CHARLES LA

LAKE CHARLES LA

NEW ORLEANS LA

# knee

Based on Hospital Medicare Payment And Volume Measures

71301	RAPIDES	3184733150
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71301	RAPIDES	3184733150
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70601	CALCASIEU	3374917730
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70601	CALCASIEU	3374917730
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70121	JEFFERSON	5048425898
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$19252.00 \*

\$15399.00 \*

\$12130.00 \*

\$15164.00 \*

\$2629.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

190036	OCHSNER FOUNDATION HOSPITAL	1516 JEFFERSON HWY
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190036	OCHSNER FOUNDATION HOSPITAL	1516 JEFFERSON HWY
190039	WEST JEFFERSON MEDICAL CENTER	1101 MEDICAL CENTER BLVD

190039	WEST JEFFERSON MEDICAL CENTER	1101 MEDICAL CENTER BLVD
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190039	WEST JEFFERSON MEDICAL CENTER	1101 MEDICAL CENTER BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEW ORLEANS      LA

NEW ORLEANS      LA

MARRERO      LA

MARRERO      LA

MARRERO      LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70121	JEFFERSON	5048425898
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70121	JEFFERSON	5048425898
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70072	JEFFERSON	5043475511
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70072	JEFFERSON	5043475511
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70072	JEFFERSON	5043475511
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15731.00 \*

\$18258.00

21

\$8311.00 \*

\$14759.00 \*

\$15873.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190040	SLIDELL MEMORIAL HOSPITAL	1001 GAUSE BLVD
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190040	SLIDELL MEMORIAL HOSPITAL	1001 GAUSE BLVD
--------	---------------------------	-----------------

190041	CHRISTUS SCHUMPERT HEALTH SYSTEM	ONE ST MARY PLACE
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190041	CHRISTUS SCHUMPERT HEALTH SYSTEM	ONE ST MARY PLACE
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190041	CHRISTUS SCHUMPERT HEALTH SYSTEM	ONE ST MARY PLACE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SLIDELL

LA

SLIDELL

LA

SHREVEPORT

LA

SHREVEPORT

LA

SHREVEPORT

LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70458	SAINT TAMMANY	9856432200
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70458	SAINT TAMMANY	9856432200
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71101	CADDO	3186814215
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71101	CADDO	3186814215
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71101	CADDO	3186814215
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22314.00 \*

\$17279.00 \*

\$18865.00

13

\$27277.00 \*

\$15198.00

20

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190044	AMERICAN LEGION HOSPITAL	1305 CROWLEY RAYNE HIGHWAY
190044	AMERICAN LEGION HOSPITAL	1305 CROWLEY RAYNE HIGHWAY
190045	ST TAMMANY PARISH HOSPITAL	1202 S TYLER STREET
190045	ST TAMMANY PARISH HOSPITAL	1202 S TYLER STREET
190045	ST TAMMANY PARISH HOSPITAL	1202 S TYLER STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

CROWLEY LA

CROWLEY LA

COVINGTON LA

COVINGTON LA

COVINGTON LA



# knee

Based on Hospital Medicare Payment And Volume Measures

70526	ACADIA	3377886400
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70526	ACADIA	3377886400
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70433	SAINT TAMMANY	9858984000
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70433	SAINT TAMMANY	9858984000
-------	---------------	------------

70433	SAINT TAMMANY	9858984000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13141.00 \*

\$13690.00 \*

\$17743.00 \*

\$32578.00 \*

\$14192.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

190046	TOURO INFIRMARY	1401 FOUCHER STREET
190046	TOURO INFIRMARY	1401 FOUCHER STREET
190046	TOURO INFIRMARY	1401 FOUCHER STREET
190053	JENNINGS AMERICAN LEGION HOSPITAL	1634 ELTON ROAD
190053	JENNINGS AMERICAN LEGION HOSPITAL	1634 ELTON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW ORLEANS LA

NEW ORLEANS LA

NEW ORLEANS LA  
JENNINGS LA

JENNINGS LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70115	ORLEANS	5048978246
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70115	ORLEANS	5048978246
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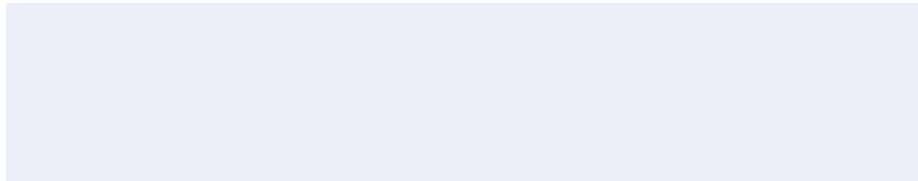
70115	ORLEANS	5048978246
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70546	JEFFERSON DAVIS	3376167030
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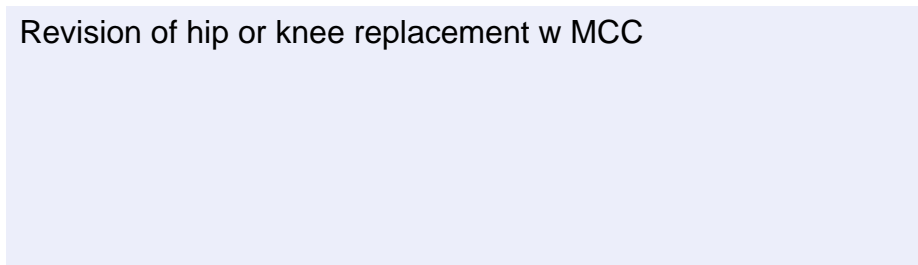
70546	JEFFERSON DAVIS	3376167030
-------	-----------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

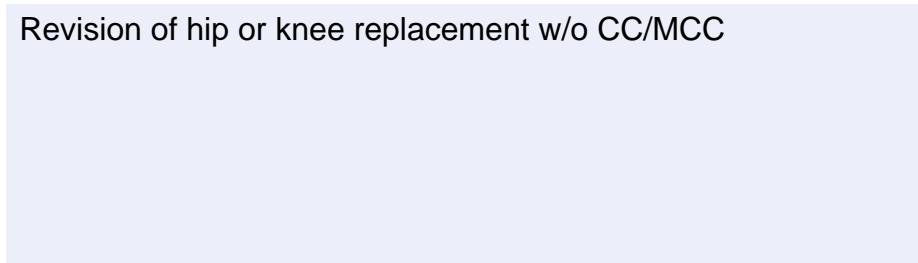


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$358.00 \*

\$23886.00 \*

\$448.00

11

\$14953.00 \*

\$23979.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

190054	IBERIA GENERAL HOSPITAL AND MEDICAL CENTER	2315 E MAIN STREET
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190054	IBERIA GENERAL HOSPITAL AND MEDICAL CENTER	2315 E MAIN STREET
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190060	LAKE CHARLES MEMORIAL HOSPITAL	1701 OAK PARK BLVD
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190060	LAKE CHARLES MEMORIAL HOSPITAL	1701 OAK PARK BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEW IBERIA

LA

NEW IBERIA

LA

LAKE CHARLES

LA

LAKE CHARLES

LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70562

IBERIA

3373747104

70562

IBERIA

3373747104

70601

CALCASIEU

3374943200

70601

CALCASIEU

3374943200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13516.00 \*

\$12974.00 \*

\$13890.00 \*

\$14471.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

190060	LAKE CHARLES MEMORIAL HOSPITAL	1701 OAK PARK BLVD
190064	OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER	5000 HENNESSY BLVD
190064	OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER	5000 HENNESSY BLVD
190064	OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER	5000 HENNESSY BLVD
190065	BATON ROUGE GENERAL MEDICAL CENTER	3600 FLORIDA STREET
190065	BATON ROUGE GENERAL MEDICAL CENTER	3600 FLORIDA STREET
190065	BATON ROUGE GENERAL MEDICAL CENTER	3600 FLORIDA STREET
190086	NORTHERN LOUISIANA MEDICAL CENTER	401 EAST VAUGHN AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

LAKE CHARLES	LA
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BATON ROUGE	LA
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BATON ROUGE	LA
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BATON ROUGE	LA
-------------	----

BATON ROUGE	LA
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BATON ROUGE	LA
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BATON ROUGE	LA
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RUSTON	LA
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# knee

Based on Hospital Medicare Payment And Volume Measures

70601	CALCASIEU	3374943200
70808	EAST BATON ROUGE	2257658902
70808	EAST BATON ROUGE	2257658902
70808	EAST BATON ROUGE	2257658902
70806	EAST BATON ROUGE	2253877767
70806	EAST BATON ROUGE	2253877767
70806	EAST BATON ROUGE	2253877767
71270	LINCOLN	3182542453

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

knee

Based on Hospital Medicare Payment And Volume Measures

	\$25161.00	*
	\$25150.00	11
	\$14200.00	18
	\$13563.00	40
	\$15692.00	11
	\$19618.00	37
	\$27525.00	11
	\$17266.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

190098	LSU HEALTH SCIENCES CENTER - SHREVEPORT	1541 KINGS HIGHWAY
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190098	LSU HEALTH SCIENCES CENTER - SHREVEPORT	1541 KINGS HIGHWAY
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190098	LSU HEALTH SCIENCES CENTER - SHREVEPORT	1541 KINGS HIGHWAY
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190102	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC	611 ST LANDRY STREET
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190102	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC	611 ST LANDRY STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

SHREVEPORT	LA
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SHREVEPORT	LA
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SHREVEPORT	LA
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LAFAYETTE	LA
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LAFAYETTE	LA
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# knee

Based on Hospital Medicare Payment And Volume Measures

71130	CADDO	3186755058
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71130	CADDO	3186755058
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71130	CADDO	3186755058
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70506	LAFAYETTE	3372892000
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70506	LAFAYETTE	3372892000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21057.00 \*

\$26133.00 \*

\$39137.00 \*

\$13470.00

11

\$16877.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190102	OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC	611 ST LANDRY STREET
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190111	WILLIS KNIGHTON MEDICAL CENTER	2600 GREENWOOD ROAD
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190111	WILLIS KNIGHTON MEDICAL CENTER	2600 GREENWOOD ROAD
190111	WILLIS KNIGHTON MEDICAL CENTER	2600 GREENWOOD ROAD
190116	MOREHOUSE GENERAL HOSPITAL	323 W WALNUT

190125	ST FRANCIS MEDICAL CENTER	309 JACKSON STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

LAFAYETTE LA

SHREVEPORT LA

SHREVEPORT LA

SHREVEPORT LA

BASTROP LA

MONROE LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70506	LAFAYETTE	3372892000
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71103	CADD0	3186324000
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71103	CADD0	3186324000
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71103	CADD0	3186324000
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71220	MOREHOUSE	3182833601
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71201	OUACHITA	3189664141
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16819.00 \*

\$14171.00 \*

\$17716.00	15
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\$26257.00	19
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\$16220.00 \*

\$14159.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190125	ST FRANCIS MEDICAL CENTER	309 JACKSON STREET
190135	OCHSNER BAPTIST MEDICAL CENTER LLC	2700 NAPOLEON AVENUE
190135	OCHSNER BAPTIST MEDICAL CENTER LLC	2700 NAPOLEON AVENUE
190135	OCHSNER BAPTIST MEDICAL CENTER LLC	2700 NAPOLEON AVENUE
190144	MINDEN MEDICAL CENTER	NO 1 MEDICAL PLAZA
190144	MINDEN MEDICAL CENTER	NO 1 MEDICAL PLAZA

# knee

Based on Hospital Medicare Payment And Volume Measures

MONROE	LA
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NEW ORLEANS	LA
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NEW ORLEANS	LA
-------------	----

NEW ORLEANS	LA
-------------	----

MINDEN	LA
--------	----

MINDEN	LA
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

71201	OUACHITA	3189664141
70115	ORLEANS	5048975998

70115	ORLEANS	5048975998
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70115	ORLEANS	5048975998
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71055	WEBSTER	3183715603
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71055	WEBSTER	3183715603
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14793.00	21
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\$229.00 \*

	\$47036.00 *
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\$13.00 \*

	\$19915.00 *
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\$29539.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190144	MINDEN MEDICAL CENTER	NO 1 MEDICAL PLAZA
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190146	EAST JEFFERSON GENERAL HOSPITAL	4200 HOUMA BLVD
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190146	EAST JEFFERSON GENERAL HOSPITAL	4200 HOUMA BLVD
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190146	EAST JEFFERSON GENERAL HOSPITAL	4200 HOUMA BLVD
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190160	GLENWOOD REGIONAL MEDICAL	503 MCMILLAN ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

	MINDEN	LA
	METAIRIE	LA
	METAIRIE	LA
	METAIRIE	LA
	WEST MONROE	LA

# knee

Based on Hospital Medicare Payment And Volume Measures

71055	WEBSTER	3183715603
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70006	JEFFERSON	5044544000
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70006	JEFFERSON	5044544000
-------	-----------	------------

70006	JEFFERSON	5044544000
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71291	OUACHITA	3183294200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15874.00 \*

\$318.00 \*

\$25823.00 \*

\$14509.00

31

\$13104.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

190160	GLENWOOD REGIONAL MEDICAL CENTER	503 MCMILLAN ROAD
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190160	GLENWOOD REGIONAL MEDICAL CENTER	503 MCMILLAN ROAD
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190164	BYRD REGIONAL HOSPITAL	1020 FERTITTA BLVD
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190175	RIVER PARISHES HOSPITAL	500 RUE DE SANTE
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# knee

Based on Hospital Medicare Payment And Volume Measures

WEST MONROE LA

WEST MONROE LA

LEESVILLE LA

LAPLACE LA



# knee

Based on Hospital Medicare Payment And Volume Measures

71291

OUACHITA

3183294200

71291

OUACHITA

3183294200

71446

VERNON

3372395113

70068

ST JOHN THE BAPTIST

9856527000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15010.00 \*

\$28239.00 \*

\$16673.00 \*

\$14918.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

190176	TULANE MEDICAL CENTER	1415 TULANE AVE
190176	TULANE MEDICAL CENTER	1415 TULANE AVE
190176	TULANE MEDICAL CENTER	1415 TULANE AVE
190177	LAKEVIEW REGIONAL MEDICAL CENTER	95 EAST FAIRWAY CENTER DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW ORLEANS LA

NEW ORLEANS LA

NEW ORLEANS LA

COVINGTON LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70112	ORLEANS	5049885800
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70112	ORLEANS	5049885800
-------	---------	------------

70112	ORLEANS	5049885800
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70433	SAINT TAMMANY	9858674447
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$39676.00 \*

\$26543.00 \*

\$21396.00 \*

\$31623.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

190183	LEONARD J CHABERT MEDICAL CENTER	1978 INDUSTRIAL BLVD
190202	OCHSNER MEDICAL CENTER-BATON ROUGE	17000 MEDICAL CENTER DR
190204	OCHSNER MEDICAL CENTER - NORTHSHORE, LLC	100 MEDICAL CENTER DRIVE
190204	OCHSNER MEDICAL CENTER - NORTHSHORE, LLC	100 MEDICAL CENTER DRIVE
190205	THE REGIONAL MEDICAL CENTER	2810 AMBASSADOR

# knee

Based on Hospital Medicare Payment And Volume Measures

HOUMA

LA

BATON ROUGE

LA

SLIDELL

LA

SLIDELL

LA

LAFAYETTE

LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70363	TERREBONNE	9858731285
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70816	EAST BATON ROUGE	2257554876
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70461	SAINT TAMMANY	9856497070
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70461	SAINT TAMMANY	9856497070
-------	---------------	------------

70506	LAFAYETTE	3379896700
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16620.00 \*

\$15784.00 \*

\$18268.00 \*

\$1068.00 \*

\$21316.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

OF ACADIANA

CAFFERY PARKWAY

190236

WILLIS KNIGHTON BOSSIER HEALTH 2400 HOSPITAL DR  
CENTER

190236

WILLIS KNIGHTON BOSSIER HEALTH 2400 HOSPITAL DR  
CENTER

190236

WILLIS KNIGHTON BOSSIER HEALTH 2400 HOSPITAL DR  
CENTER

190242

ST ELIZABETH HOSPITAL

1125 WEST HIGHWAY 30

# knee

Based on Hospital Medicare Payment And Volume Measures

BOSSIER CITY LA

BOSSIER CITY LA

BOSSIER CITY LA

GONZALES LA

# knee

Based on Hospital Medicare Payment And Volume Measures

71111

BOSSIER

3182127000

71111

BOSSIER

3182127000

71111

BOSSIER

3182127000

70737

ASCENSION

2256475000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16527.00 \*

\$20285.00 \*

\$13220.00 \*

\$13875.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

190246	P & S SURGICAL HOSPITAL	312 GRAMMONT ST SUITE 101
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190246	P & S SURGICAL HOSPITAL	312 GRAMMONT ST SUITE 101
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190250	LOUISIANA MEDICAL CENTER AND HEART HOSPITAL, LLC	64030 HIGHWAY 434
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190257	GREEN CLINIC SURGICAL HOSPITAL	1118 FARMERVILLE STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

MONROE

LA

MONROE

LA

LACOMBE

LA

RUSTON

LA



# knee

Based on Hospital Medicare Payment And Volume Measures

71201	OUACHITA	3183884040
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71201	OUACHITA	3183884040
-------	----------	------------

70445	SAINT TAMMANY	9856907500
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71270	LINCOLN	3182327186
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12156.00 \*

\$11668.00 \*

\$16156.00 \*

\$11691.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

190257	GREEN CLINIC SURGICAL HOSPITAL	1118 FARMERVILLE STREET
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190259	LAFAYETTE SURGICAL SPECIALTY HOSPITAL	1101 KALISTE SALOOM RD
--------	--	------------------------

190267	FAIRWAY MEDICAL CENTER	67252 INDUSTRY LANE
--------	------------------------	---------------------

190268	LAFAYETTE GENERAL SURGICAL HOSPITAL	1000 W PINHOOK RD SUITE 100
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190270	SOUTHERN SURGICAL HOSPITAL	1700 W LINDBERG DRIVE
--------	----------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

RUSTON

LA

LAFAYETTE

LA

COVINGTON

LA

LAFAYETTE

LA

SLIDELL

LA

# knee

Based on Hospital Medicare Payment And Volume Measures

71270	LINCOLN	3182327186
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70508	LAFAYETTE	3377694100
-------	-----------	------------

70433	SAINT TAMMANY	9858016222
-------	---------------	------------

70503	LAFAYETTE	3372898060
-------	-----------	------------

70458	SAINT TAMMANY	9856410600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

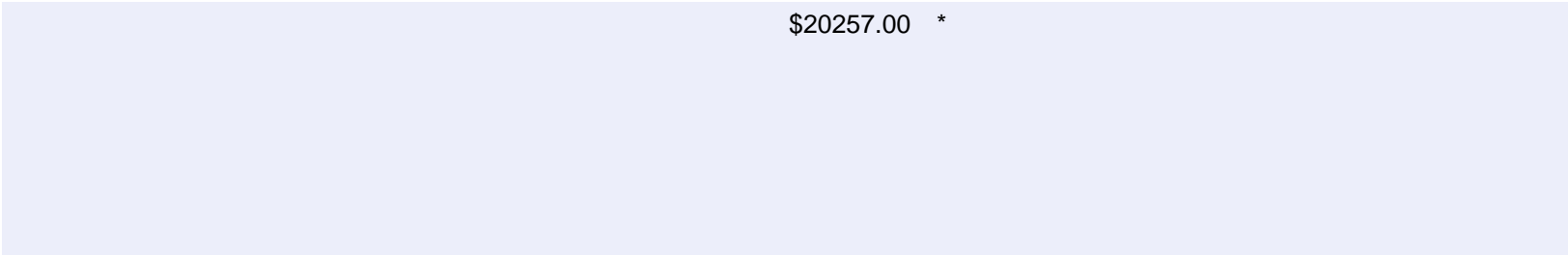


# knee

Based on Hospital Medicare Payment And Volume Measures



\$14617.00 \*



\$20257.00 \*



\$14789.00 \*

\$12728.00 \*

\$15893.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

190270	SOUTHERN SURGICAL HOSPITAL	1700 W LINDBERG DRIVE
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190273	GREATER BATON ROUGE SURGICAL HOSPITAL	7855 HOWELL PLACE BLVD
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190274	OCHSNER MEDICAL CENTER- KENNER LLC	180 WEST ESPLANADE AVENUE
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190274	OCHSNER MEDICAL CENTER- KENNER LLC	180 WEST ESPLANADE AVENUE
--------	---------------------------------------	------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SLIDELL

LA

BATON ROUGE

LA

KENNER

LA

KENNER

LA

# knee

Based on Hospital Medicare Payment And Volume Measures

70458

SAINT TAMMANY

9856410600

70807

EAST BATON ROUGE

2253584900

70065

JEFFERSON

5044648065

70065

JEFFERSON

5044648065

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16533.00 \*

\$13344.00 \*

\$1644.00 \*

\$16999.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

190274	OCHSNER MEDICAL CENTER- KENNER LLC	180 WEST ESPLANADE AVENUE
190278	SPECIALISTS HOSPITAL SHREVEPORT	1500 LINE AVENUE
190297	DOCTORS HOSPITAL AT DEER CREEK LLC	815 SOUTH 10TH STREET
200001	ST JOSEPH HOSPITAL	360 BROADWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

KENNER

LA

SHREVEPORT

LA

LEESVILLE

LA

BANGOR

ME

# knee

Based on Hospital Medicare Payment And Volume Measures

70065	JEFFERSON	5044648065
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71101	CADDO	3186326083
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71446	VERNON	3373925088
-------	--------	------------

04401	PENOBSCOT	2072621000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$2055.00 \*

\$20992.00 \*

\$13425.00 \*

\$17133.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

200001	ST JOSEPH HOSPITAL	360 BROADWAY
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200002	MILES MEMORIAL HOSPITAL	35 MILES STREET
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200002	MILES MEMORIAL HOSPITAL	35 MILES STREET
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200008	MERCY HOSPITAL	144 STATE ST
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200008	MERCY HOSPITAL	144 STATE ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

BANGOR	ME
--------	----

DAMARISCOTTA	ME
--------------	----

DAMARISCOTTA	ME
--------------	----

PORTLAND	ME
----------	----

PORTLAND	ME
----------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

04401	PENOBSCOT	2072621000
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04543	LINCOLN	2075631234
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04543	LINCOLN	2075631234
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04101	CUMBERLAND	2078793000
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04101	CUMBERLAND	2078793000
-------	------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13704.00 \*

\$61001.00 \*

\$19290.00 \*

\$18455.00

21

\$27373.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

200008	MERCY HOSPITAL	144 STATE ST
200009	MAINE MEDICAL CENTER	22 BRAMHALL ST
200009	MAINE MEDICAL CENTER	22 BRAMHALL ST
200009	MAINE MEDICAL CENTER	22 BRAMHALL ST
200019	SOUTHERN MAINE MEDICAL CENTER	1 MEDICAL CENTER DRIVE
200020	YORK HOSPITAL	15 HOSPITAL DR

# knee

Based on Hospital Medicare Payment And Volume Measures

PORTLAND	ME
----------	----

PORTLAND	ME
----------	----

PORTLAND	ME
----------	----

PORTLAND	ME
----------	----

BIDDEFORD	ME
-----------	----

YORK	ME
------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

04101	CUMBERLAND	2078793000
04102	CUMBERLAND	2076620111
04102	CUMBERLAND	2076620111
04102	CUMBERLAND	2076620111
04005	YORK	2072837000
03909	YORK	2073634321

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14762.00 \*

\$16478.00

39

\$31528.00 \*

\$20601.00

25

\$14875.00 \*

\$16976.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

200020	YORK HOSPITAL	15 HOSPITAL DR
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200024	CENTRAL MAINE MEDICAL CENTER	300 MAIN ST
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200024	CENTRAL MAINE MEDICAL CENTER	300 MAIN ST
--------	------------------------------	-------------

200024	CENTRAL MAINE MEDICAL CENTER	300 MAIN ST
--------	------------------------------	-------------

200025	PARKVIEW ADVENTIST MEDICAL CENTER	329 MAIN ST
--------	--------------------------------------	-------------

# knee

Based on Hospital Medicare Payment And Volume Measures

YORK

ME

LEWISTON

ME

LEWISTON

ME

LEWISTON

ME

BRUNSWICK

ME

# knee

Based on Hospital Medicare Payment And Volume Measures

03909	YORK	2073634321
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04240	ANDROSCOGGIN	2077950111
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04240	ANDROSCOGGIN	2077950111
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04240	ANDROSCOGGIN	2077950111
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04011	CUMBERLAND	2073732000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13578.00 \*

\$35394.00 \*

\$17347.00 \*

\$15157.00 \*

\$13509.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

200031

CARY MEDICAL CENTER

163 VAN BUREN RD, SUITE 1

200032

STEPHENS MEMORIAL HOSPITAL

181 MAIN STREET

200032

STEPHENS MEMORIAL HOSPITAL

181 MAIN STREET

200033

EASTERN MAINE MEDICAL CENTER

489 STATE ST, PO BOX 404

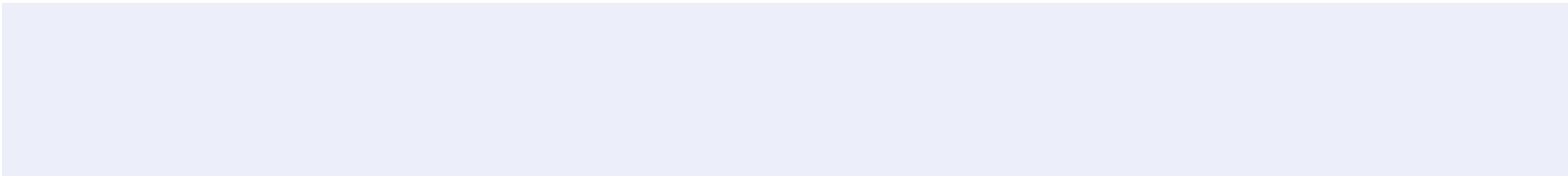
200033

EASTERN MAINE MEDICAL CENTER

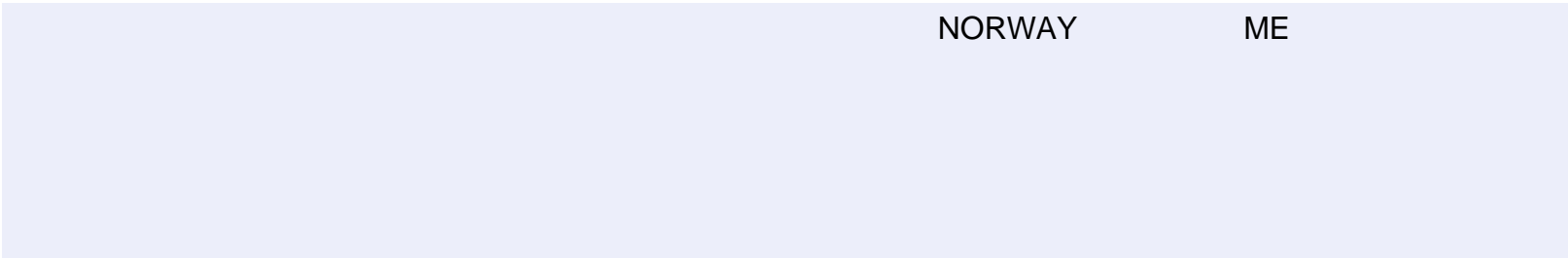
489 STATE ST, PO BOX 404

# knee

Based on Hospital Medicare Payment And Volume Measures



CARIBOU ME



NORWAY ME



BANGOR ME

BANGOR ME

# knee

Based on Hospital Medicare Payment And Volume Measures

04736	AROOSTOOK	2074983111
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04268	OXFORD	2077435933
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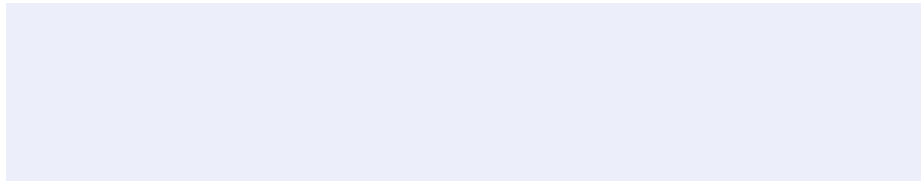
04268	OXFORD	2077435933
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04401	PENOBSCOT	2079737000
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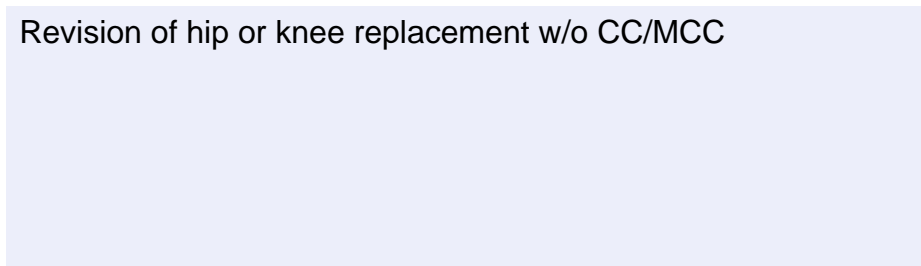
04401	PENOBSCOT	2079737000
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# knee

Based on Hospital Medicare Payment And Volume Measures

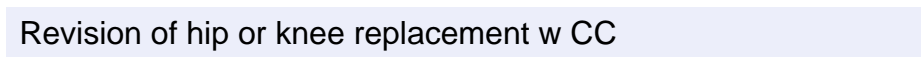


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

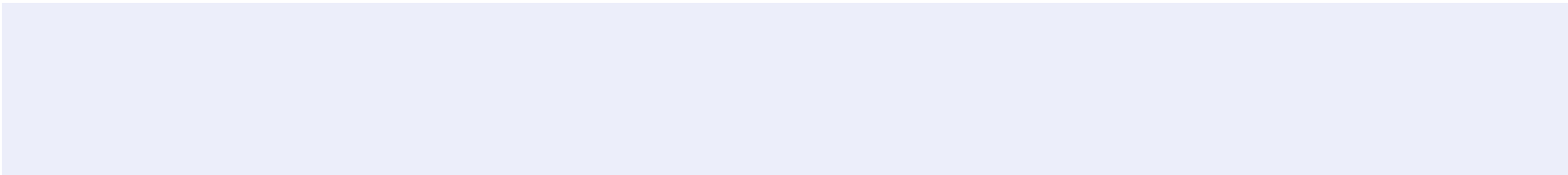


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$17082.00 \*



\$14111.00 \*



\$17208.00 \*

\$20057.00

22

\$29917.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

200033	EASTERN MAINE MEDICAL CENTER	489 STATE ST, PO BOX 404
200034	ST MARYS REGIONAL MEDICAL CENTER	CAMPUS AVENUE - PO BOX 291
200034	ST MARYS REGIONAL MEDICAL CENTER	CAMPUS AVENUE - PO BOX 291
200034	ST MARYS REGIONAL MEDICAL CENTER	CAMPUS AVENUE - PO BOX 291
200037	FRANKLIN MEMORIAL HOSPITAL	111 FRANKLIN HEALTH COMMONS
200039	MAINE GENERAL MEDICAL CENTER	6 E CHESTNUT ST

# knee

Based on Hospital Medicare Payment And Volume Measures

BANGOR ME

LEWISTON ME

LEWISTON ME

LEWISTON ME

FARMINGTON ME

AUGUSTA ME



# knee

Based on Hospital Medicare Payment And Volume Measures

04401	PENOBSCOT	2079737000
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04240	ANDROSCOGGIN	2077778100
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04240	ANDROSCOGGIN	2077778100
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04240	ANDROSCOGGIN	2077778100
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04938	FRANKLIN	2077786031
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04330	KENNEBEC	2078721000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

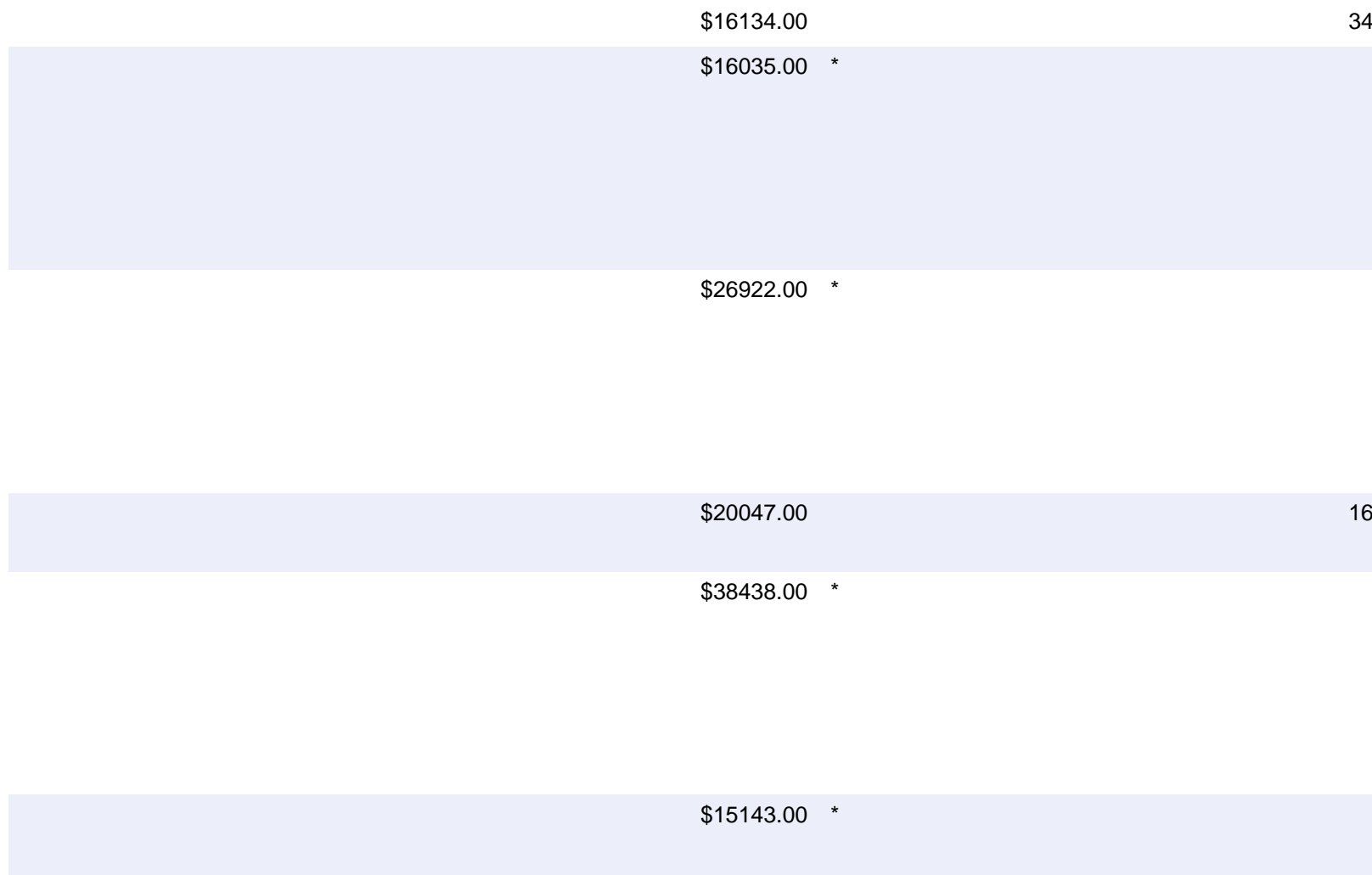
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

200039	MAINE GENERAL MEDICAL CENTER	6 E CHESTNUT ST
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200039	MAINE GENERAL MEDICAL CENTER	6 E CHESTNUT ST
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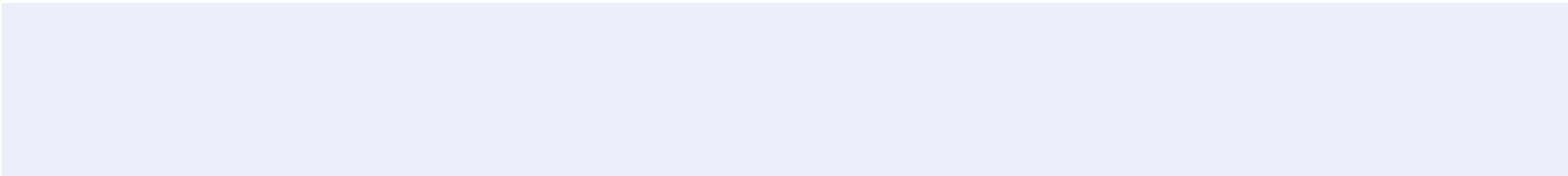
200050	MAINE COAST MEMORIAL HOSPITAL	50 UNION ST
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200052	NORTHERN MAINE MEDICAL CENTER	194 E MAIN ST
--------	----------------------------------	---------------

200052	NORTHERN MAINE MEDICAL CENTER	194 E MAIN ST
--------	----------------------------------	---------------

# knee

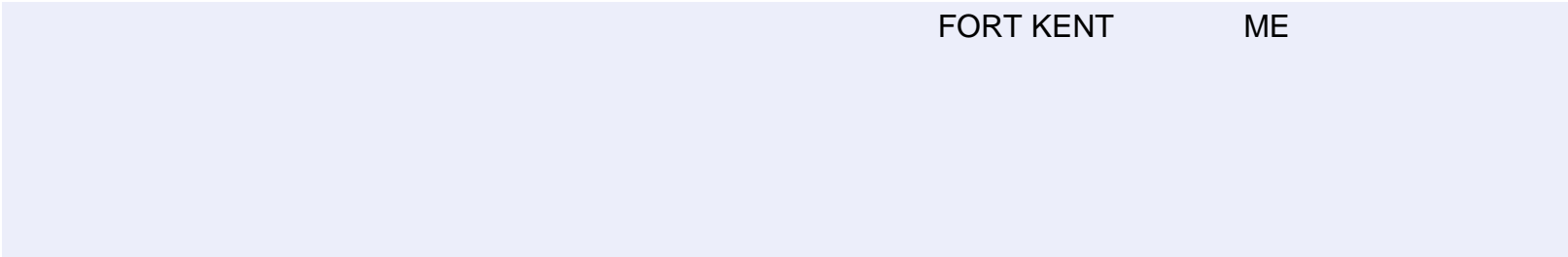
Based on Hospital Medicare Payment And Volume Measures



AUGUSTA ME



AUGUSTA ME



FORT KENT ME



FORT KENT ME

# knee

Based on Hospital Medicare Payment And Volume Measures

04330	KENNEBEC	2078721000
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04330	KENNEBEC	2078721000
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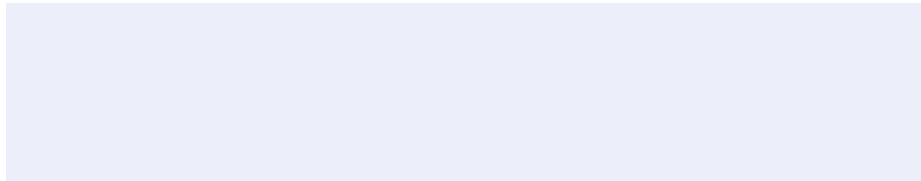
04605	HANCOCK	2076675311
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04743	AROOSTOOK	2078343195
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04743	AROOSTOOK	2078343195
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# knee

Based on Hospital Medicare Payment And Volume Measures

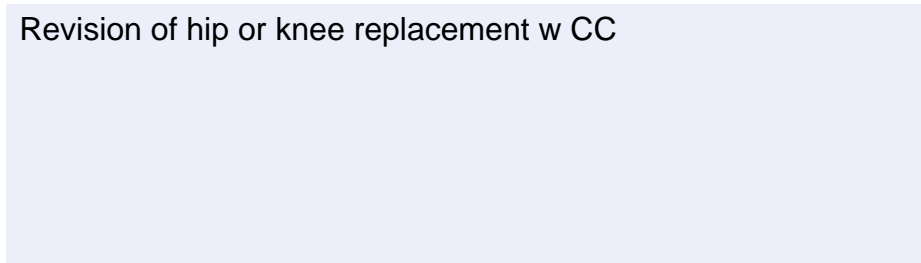


Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

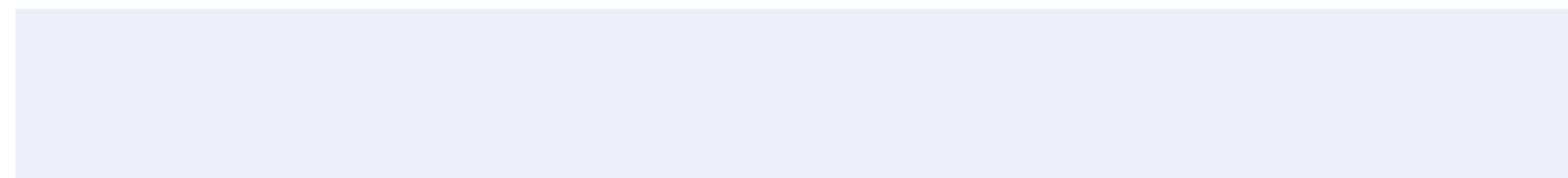


Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



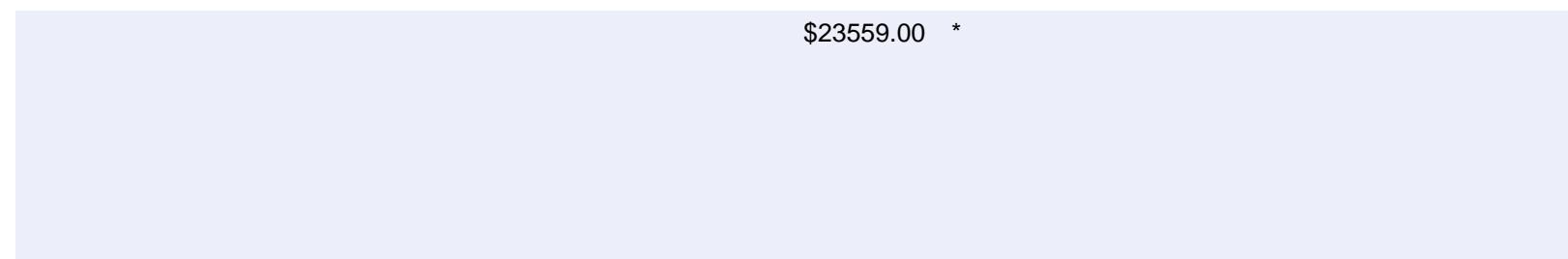
\$26839.00 \*



\$18095.00

11

\$18564.00 \*



\$23559.00 \*

\$18844.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

200063                      PENOBSHOT BAY MEDICAL CENTER    6 GLEN COVE DRIVE

210001	MERITUS MEDICAL CENTER	11116 MEDICAL CAMPUS ROAD
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210001	MERITUS MEDICAL CENTER	11116 MEDICAL CAMPUS ROAD
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210001	MERITUS MEDICAL CENTER	11116 MEDICAL CAMPUS ROAD
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210002	UNIVERSITY OF MARYLAND MEDICAL CENTER	22 S GREENE ST
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210002	UNIVERSITY OF MARYLAND	22 S GREENE ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

ROCKPORT

ME

HAGERSTOWN

MD

HAGERSTOWN

MD

HAGERSTOWN

MD

BALTIMORE

MD

BALTIMORE

MD

# knee

Based on Hospital Medicare Payment And Volume Measures

04856	KNOX	2075968000
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21742	WASHINGTON	2403139500
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21742	WASHINGTON	2403139500
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21742	WASHINGTON	2403139500
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21201	BALTIMORE CITY	4103280313
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21201	BALTIMORE CITY	4103280313
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15716.00	*
	\$36897.00	*
	\$21180.00	13
	\$13394.00	12
	\$40045.00	*
	\$34139.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

	MEDICAL CENTER	
210002	UNIVERSITY OF MARYLAND MEDICAL CENTER	22 S GREENE ST
210003	PRINCE GEORGES HOSPITAL CENTER	3001 HOSPITAL DRIVE
210003	PRINCE GEORGES HOSPITAL CENTER	3001 HOSPITAL DRIVE
210004	HOLY CROSS HOSPITAL	1500 FOREST GLEN ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

BALTIMORE

MD

CHEVERLY

MD

CHEVERLY

MD

SILVER SPRING

MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21201	BALTIMORE CITY	4103280313
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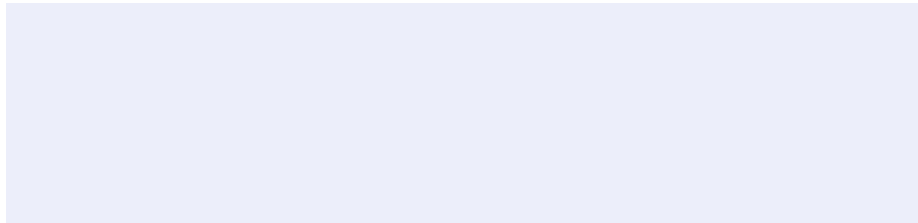
20785	PRINCE GEORGES	3016182000
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20785	PRINCE GEORGES	3016182000
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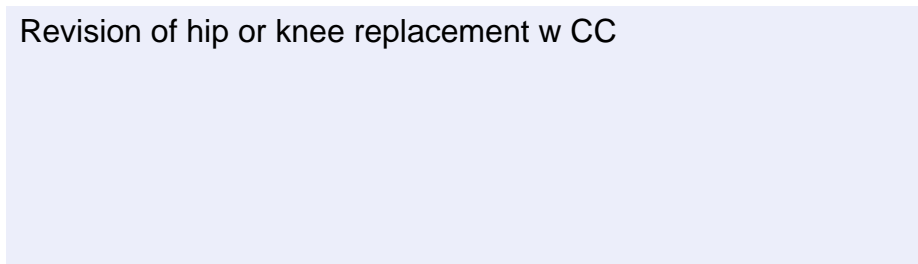
20910	MONTGOMERY	3017547010
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# knee

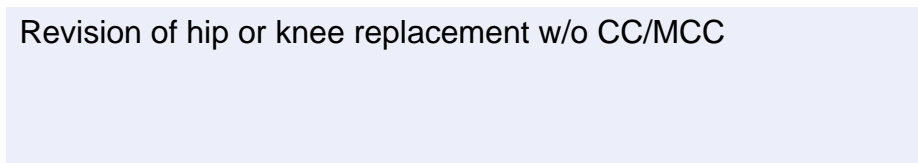
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



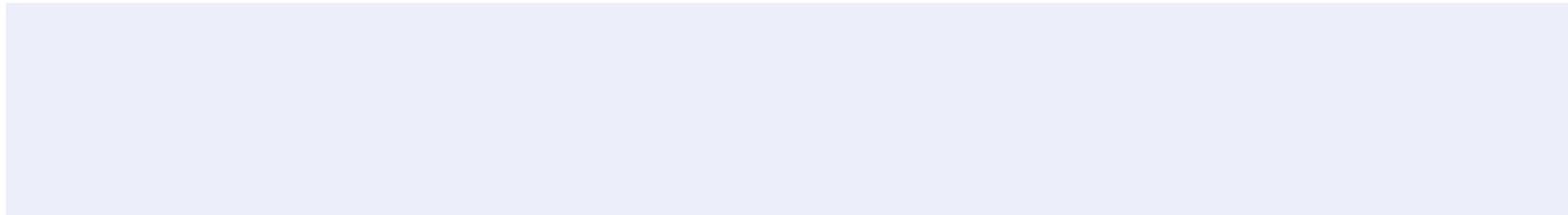
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$59624.00 \*



\$37634.00 \*



\$32663.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210004	HOLY CROSS HOSPITAL	1500 FOREST GLEN ROAD
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210004	HOLY CROSS HOSPITAL	1500 FOREST GLEN ROAD
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210005	FREDERICK MEMORIAL HOSPITAL	400 WEST SEVENTH ST
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210005	FREDERICK MEMORIAL HOSPITAL	400 WEST SEVENTH ST
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210005	FREDERICK MEMORIAL HOSPITAL	400 WEST SEVENTH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

SILVER SPRING MD

SILVER SPRING MD

FREDERICK MD

FREDERICK MD

FREDERICK MD



# knee

Based on Hospital Medicare Payment And Volume Measures

20910	MONTGOMERY	3017547010
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20910	MONTGOMERY	3017547010
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21701	FREDERICK	2405663300
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21701	FREDERICK	2405663300
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21701	FREDERICK	2405663300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$31983.00	20
	\$26668.00 *	
	\$24271.00 *	
	\$16455.00 *	
	\$11502.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210006	HARFORD MEMORIAL HOSPITAL	501 S UNION AVE
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210006	HARFORD MEMORIAL HOSPITAL	501 S UNION AVE
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210007	SAINT JOSEPH MEDICAL CENTER	7601 OSLER DRIVE
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210007	SAINT JOSEPH MEDICAL CENTER	7601 OSLER DRIVE
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210007	SAINT JOSEPH MEDICAL CENTER	7601 OSLER DRIVE
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210008	MERCY MEDICAL CENTER INC	301 ST PAUL PLACE
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# knee

Based on Hospital Medicare Payment And Volume Measures

HAVRE DE GRACE MD

HAVRE DE GRACE MD

TOWSON MD

TOWSON MD

TOWSON MD

BALTIMORE MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21078	HARFORD	4436433303
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21078	HARFORD	4436433303
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21204	BALTIMORE	4103371200
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21204	BALTIMORE	4103371200
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21204	BALTIMORE	4103371200
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21202	BALTIMORE CITY	4103329237
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$22909.00 \*

\$19855.00 \*

\$41140.00 \*

\$21969.00 17

\$12159.00 14

\$11369.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210008	MERCY MEDICAL CENTER INC	301 ST PAUL PLACE
210008	MERCY MEDICAL CENTER INC	301 ST PAUL PLACE
210009	THE JOHNS HOPKINS HOSPITAL	600 NORTH WOLFE STREET
210011	SAINT AGNES HOSPITAL	WILKENS & CATON AVENUES
210011	SAINT AGNES HOSPITAL	WILKENS & CATON AVENUES
210011	SAINT AGNES HOSPITAL	WILKENS & CATON AVENUES
210012	SINAI HOSPITAL OF BALTIMORE	2401 WEST BELVEDERE AVE
210012	SINAI HOSPITAL OF BALTIMORE	2401 WEST BELVEDERE AVE
210012	SINAI HOSPITAL OF BALTIMORE	2401 WEST BELVEDERE AVE
210015	FRANKLIN SQUARE HOSPITAL	9000 FRANKLIN SQUARE DR

knee

Based on Hospital Medicare Payment And Volume Measures

	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21202	BALTIMORE CITY	4103329237
21202	BALTIMORE CITY	4103329237
21287	BALTIMORE CITY	4109559540
21229	BALTIMORE CITY	4103682101
21229	BALTIMORE CITY	4103682101
21229	BALTIMORE CITY	4103682101
21215	BALTIMORE CITY	4106015131
21215	BALTIMORE CITY	4106015131
21215	BALTIMORE CITY	4106015131
21237	BALTIMORE	4437777850

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$25481.00	21
	\$23592.00 *	
	\$16074.00 *	
	\$18978.00	21
	\$40182.00	11
	\$23625.00	12
	\$29888.00	48
	\$48198.00	12
	\$25799.00	55
	\$45058.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

CENTER		
210015	FRANKLIN SQUARE HOSPITAL CENTER	9000 FRANKLIN SQUARE DR
210015	FRANKLIN SQUARE HOSPITAL CENTER	9000 FRANKLIN SQUARE DR
210016	WASHINGTON ADVENTIST HOSPITAL	7600 CARROLL AVE
210016	WASHINGTON ADVENTIST HOSPITAL	7600 CARROLL AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

BALTIMORE

MD

BALTIMORE

MD

TAKOMA PARK

MD

TAKOMA PARK

MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21237	BALTIMORE	4437777850
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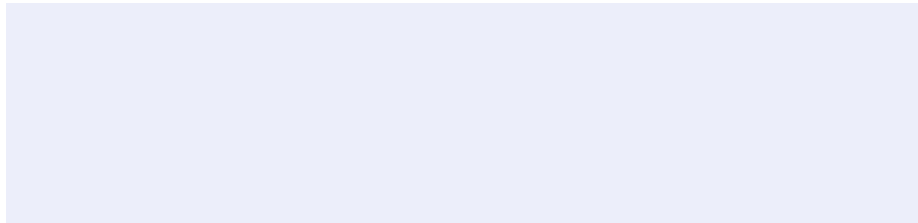
21237	BALTIMORE	4437777850
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20912	MONTGOMERY	3018915651
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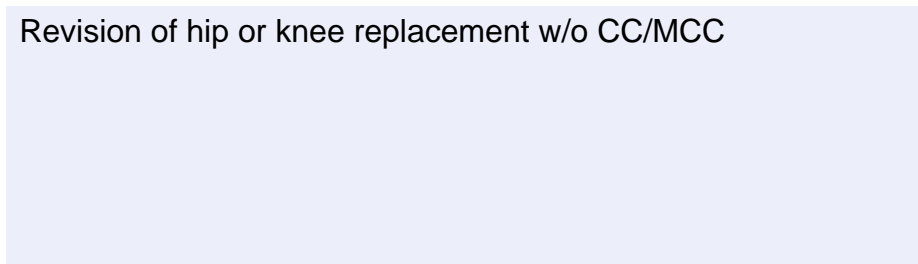
20912	MONTGOMERY	3018915651
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# knee

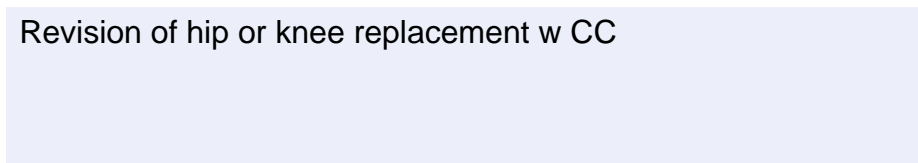
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



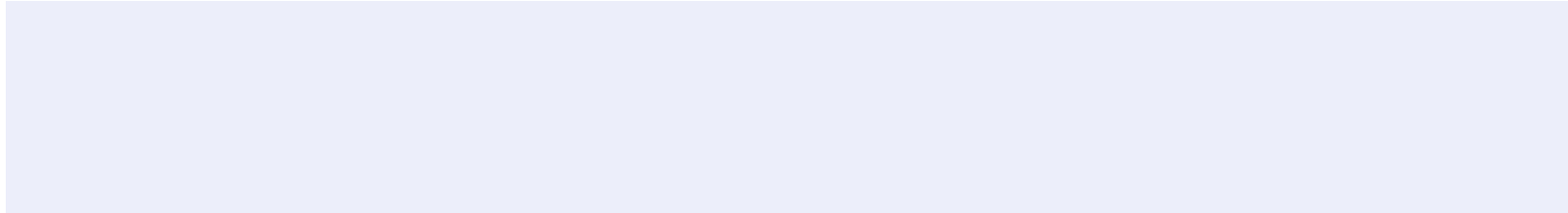
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$20118.00 \*



\$24035.00 \*



\$41164.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

210017	GARRETT COUNTY MEMORIAL HOSPITAL	251 N FOURTH ST
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210018	MONTGOMERY GENERAL HOSPITAL INC	18101 PRINCE PHILIP DRIVE
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210018	MONTGOMERY GENERAL HOSPITAL INC	18101 PRINCE PHILIP DRIVE
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210018	MONTGOMERY GENERAL HOSPITAL INC	18101 PRINCE PHILIP DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

OAKLAND

MD

OLNEY

MD

OLNEY

MD

OLNEY

MD



# knee

Based on Hospital Medicare Payment And Volume Measures

21550	GARRETT	3015334173
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20832	MONTGOMERY	3017748771
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20832	MONTGOMERY	3017748771
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20832	MONTGOMERY	3017748771
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$33669.00 \*

\$12885.00 \*

\$27891.00 \*

\$17634.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

210019	PENINSULA REGIONAL MEDICAL CENTER	100 E CARROLL AVE
210019	PENINSULA REGIONAL MEDICAL CENTER	100 E CARROLL AVE
210019	PENINSULA REGIONAL MEDICAL CENTER	100 E CARROLL AVE
210022	SUBURBAN HOSPITAL	8600 OLD GEORGETOWN RD
210022	SUBURBAN HOSPITAL	8600 OLD GEORGETOWN RD
210022	SUBURBAN HOSPITAL	8600 OLD GEORGETOWN RD

# knee

Based on Hospital Medicare Payment And Volume Measures

SALISBURY	MD
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SALISBURY	MD
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SALISBURY	MD
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BETHESDA	MD
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BETHESDA	MD
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BETHESDA	MD
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# knee

Based on Hospital Medicare Payment And Volume Measures

21801	WICOMICO	4105437116
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21801	WICOMICO	4105437116
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21801	WICOMICO	4105437116
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20814	MONTGOMERY	3018962576
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20814	MONTGOMERY	3018962576
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20814	MONTGOMERY	3018962576
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



knee

Based on Hospital Medicare Payment And Volume Measures

\$39708.00 \*

\$25436.00

20

\$35643.00 \*

\$23561.00 \*

\$19804.00

24

\$27020.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210023	ANNE ARUNDEL MEDICAL CENTER	2001 MEDICAL PARKWAY
210023	ANNE ARUNDEL MEDICAL CENTER	2001 MEDICAL PARKWAY
210023	ANNE ARUNDEL MEDICAL CENTER	2001 MEDICAL PARKWAY
210024	UNION MEMORIAL HOSPITAL	201 E UNIVERSITY PKY
210024	UNION MEMORIAL HOSPITAL	201 E UNIVERSITY PKY
210024	UNION MEMORIAL HOSPITAL	201 E UNIVERSITY PKY
210025	MEMORIAL HOSPITAL & MEDICAL CENTER OF CUMBERLAND	600 MEMORIAL AVE

knee

Based on Hospital Medicare Payment And Volume Measures

	ANNAPOLIS	MD
	ANNAPOLIS	MD
	ANNAPOLIS	MD
	BALTIMORE	MD
	BALTIMORE	MD
	BALTIMORE	MD
	CUMBERLAND	MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21401	ANNE ARUNDEL	4434811307
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21401	ANNE ARUNDEL	4434811307
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21401	ANNE ARUNDEL	4434811307
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21218	BALTIMORE CITY	4105542227
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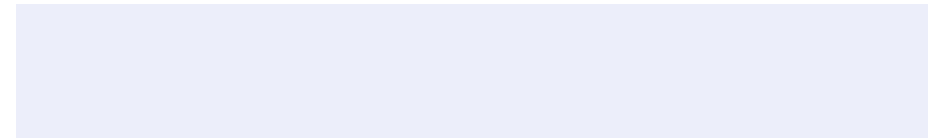
21218	BALTIMORE CITY	4105542227
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21218	BALTIMORE CITY	4105542227
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21502	ALLEGANY	3017234000
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

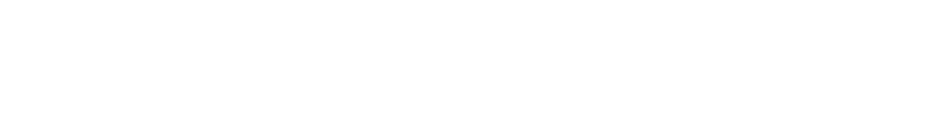
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC



knee

Based on Hospital Medicare Payment And Volume Measures

\$32281.00 \*

\$19388.00	23
------------	----

\$19228.00	27
------------	----

\$24583.00	38
------------	----

\$31069.00	37
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\$31367.00 \*

\$39080.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210025	MEMORIAL HOSPITAL & MEDICAL CENTER OF CUMBERLAND	600 MEMORIAL AVE
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210025	MEMORIAL HOSPITAL & MEDICAL CENTER OF CUMBERLAND	600 MEMORIAL AVE
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210028	SAINT MARY'S HOSPITAL	PO BOX 527
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210028	SAINT MARY'S HOSPITAL	PO BOX 527
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210028	SAINT MARY'S HOSPITAL	PO BOX 527
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# knee

Based on Hospital Medicare Payment And Volume Measures

CUMBERLAND MD

CUMBERLAND MD

LEONARDTOWN MD

LEONARDTOWN MD

LEONARDTOWN MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21502	ALLEGANY	3017234000
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21502	ALLEGANY	3017234000
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20650	SAINT MARYS	3014756001
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20650	SAINT MARYS	3014756001
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20650	SAINT MARYS	3014756001
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21242.00 \*

\$14670.00 \*

\$25435.00 \*

\$33362.00 \*

\$43146.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

210029	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	4940 EASTERN AVENUE
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210029	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	4940 EASTERN AVENUE
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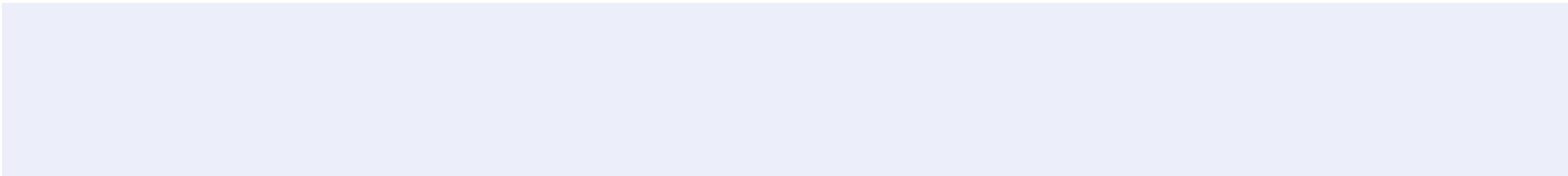
210029	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	4940 EASTERN AVENUE
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210030	CHESTER RIVER HOSPITAL CENTER	100 BROWN ST
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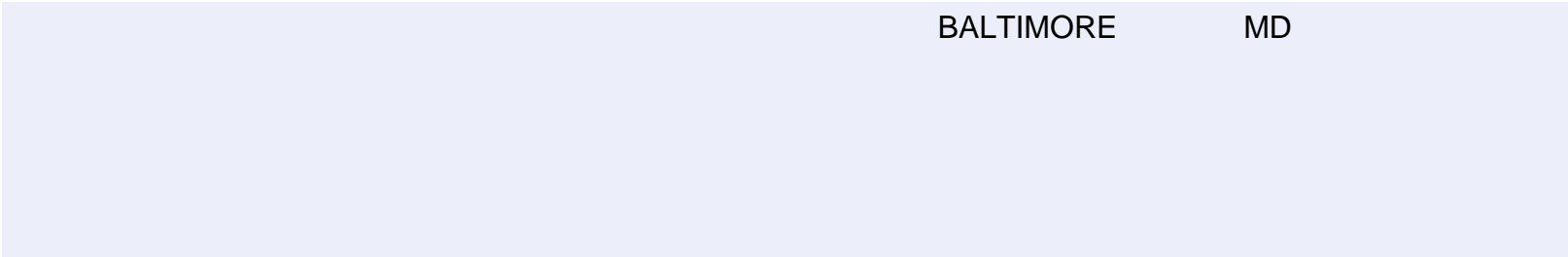
210030	CHESTER RIVER HOSPITAL CENTER	100 BROWN ST
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# knee

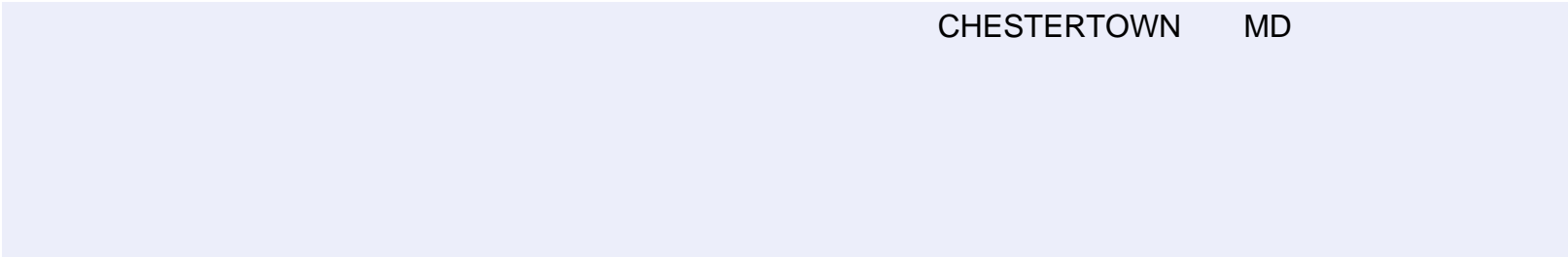
Based on Hospital Medicare Payment And Volume Measures



BALTIMORE MD



BALTIMORE MD



CHESTERTOWN MD

CHESTERTOWN MD



# knee

Based on Hospital Medicare Payment And Volume Measures

21224	BALTIMORE CITY	4105500123
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21224	BALTIMORE CITY	4105500123
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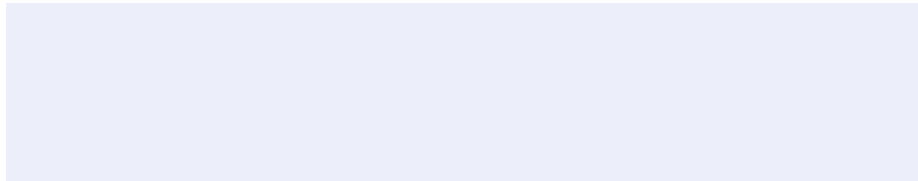
21224	BALTIMORE CITY	4105500123
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21620	KENT	4107787668
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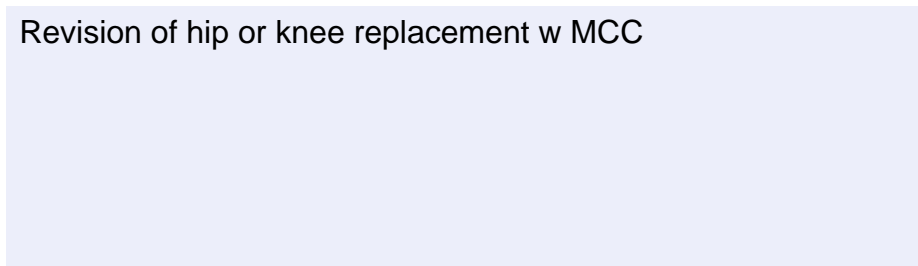
21620	KENT	4107787668
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# knee

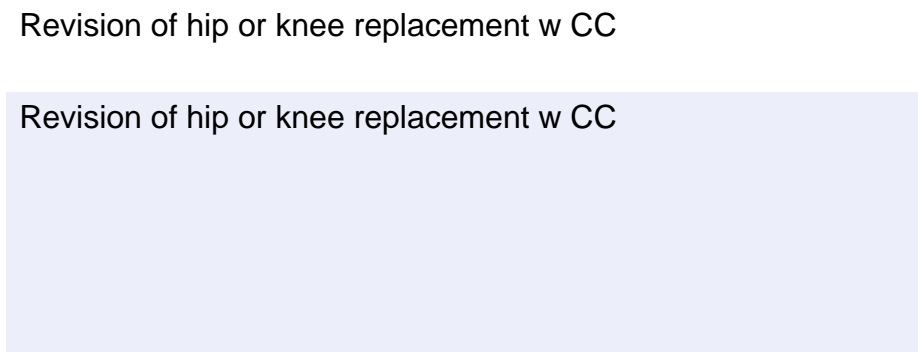
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21572.00 \*

\$32790.00 \*

\$27012.00

27

\$19374.00 \*

\$17944.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

210032

UNION HOSPITAL OF CECIL COUNTY 106 BOW STREET

210032

UNION HOSPITAL OF CECIL COUNTY 106 BOW STREET

210032

UNION HOSPITAL OF CECIL COUNTY 106 BOW STREET

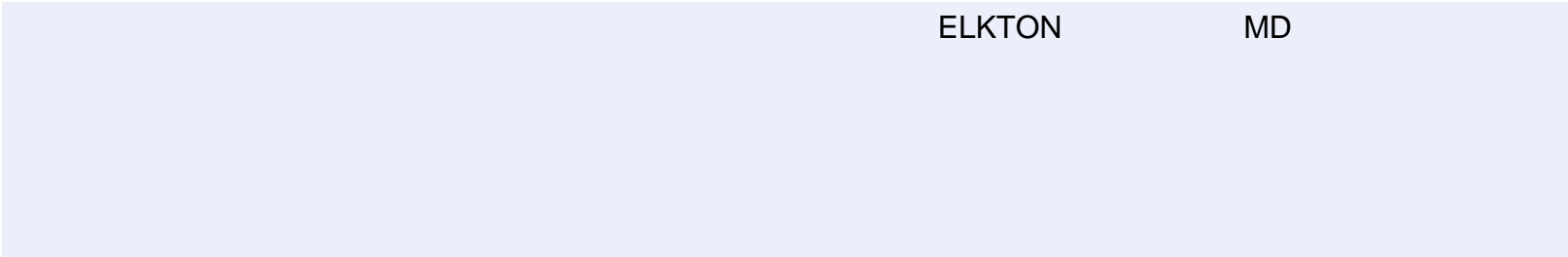
210033

CARROLL HOSPITAL CENTER 200 MEMORIAL AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

ELKTON MD



ELKTON MD



# knee

Based on Hospital Medicare Payment And Volume Measures

21921

CECIL

4103927009

21921

CECIL

4103927009

21921

CECIL

4103927009

21157

CARROLL

4108716900

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$24850.00 \*

\$30920.00 \*

\$22608.00 \*

\$33106.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

210033	CARROLL HOSPITAL CENTER	200 MEMORIAL AVE
--------	-------------------------	------------------

210034	HARBOR HOSPITAL	3001 S HANOVER STREET
210034	HARBOR HOSPITAL	3001 S HANOVER STREET

210034	HARBOR HOSPITAL	3001 S HANOVER STREET
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210035	CIVISTA MEDICAL CENTER	5 GARRETT AVENUE
--------	------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures



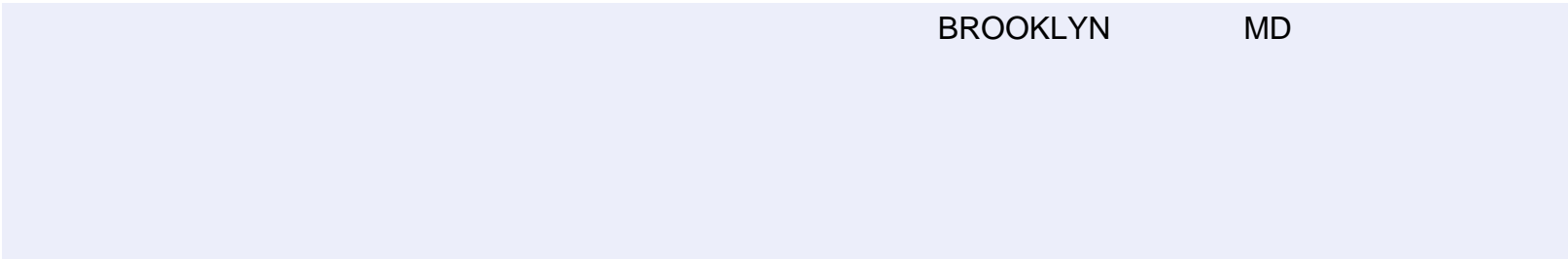
WESTMINSTER MD



BROOKLYN MD



BROOKLYN MD



BROOKLYN MD



LA PLATA MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21157	CARROLL	4108716900
-------	---------	------------

21225	ANNE ARUNDEL	4103503201
21225	ANNE ARUNDEL	4103503201

21225	ANNE ARUNDEL	4103503201
-------	--------------	------------

20646	CHARLES	3016094265
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$26094.00	*
			\$23730.00	12
			\$20290.00	*
			\$18396.00	*
			\$34734.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

210037	MEMORIAL HOSPITAL AT EASTON	219 S WASHINGTON ST
--------	-----------------------------	---------------------

210037	MEMORIAL HOSPITAL AT EASTON	219 S WASHINGTON ST
--------	-----------------------------	---------------------

210037	MEMORIAL HOSPITAL AT EASTON	219 S WASHINGTON ST
--------	-----------------------------	---------------------

210038	MARYLAND GENERAL HOSPITAL	827 LINDEN AVE
--------	---------------------------	----------------

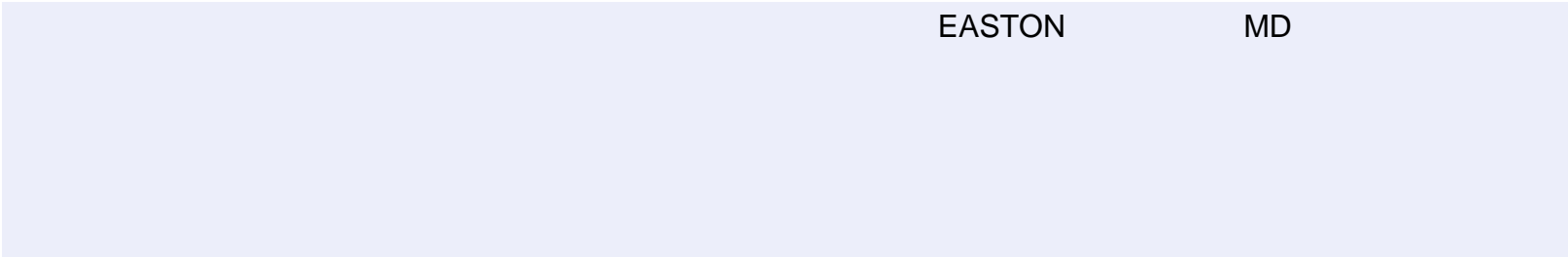
210038	MARYLAND GENERAL HOSPITAL	827 LINDEN AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

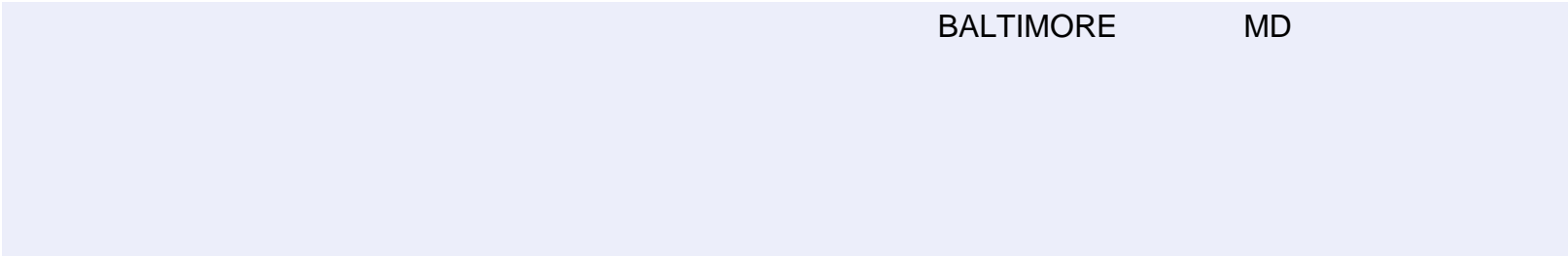
EASTON

MD



EASTON

MD



BALTIMORE

MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21601	TALBOT	4108221000
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21601	TALBOT	4108221000
-------	--------	------------

21601	TALBOT	4108221000
-------	--------	------------

21201	BALTIMORE CITY	4102258996
-------	----------------	------------

21201	BALTIMORE CITY	4102258996
-------	----------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$42615.00 \*

\$37950.00 \*

\$32135.00 \*

\$27045.00 \*

\$1637.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

210038

MARYLAND GENERAL HOSPITAL

827 LINDEN AVE

210039

CALVERT MEMORIAL HOSPITAL

100 HOSPITAL ROAD

210039

CALVERT MEMORIAL HOSPITAL

100 HOSPITAL ROAD

210040

NORTHWEST HOSPITAL CENTER

5401 OLD COURT RD

# knee

Based on Hospital Medicare Payment And Volume Measures

BALTIMORE

MD

PRINCE  
FREDERICK

MD

PRINCE  
FREDERICK

MD

RANDALLSTOWN

MD



# knee

Based on Hospital Medicare Payment And Volume Measures

21201	BALTIMORE CITY	4102258996
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20678	CALVERT	4105358239
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20678	CALVERT	4105358239
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21133	BALTIMORE	4105215995
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26581.00 \*

\$75191.00 \*

\$20156.00 \*

\$31270.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

210040	NORTHWEST HOSPITAL CENTER	5401 OLD COURT RD
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210040	NORTHWEST HOSPITAL CENTER	5401 OLD COURT RD
--------	---------------------------	-------------------

210043	BALTIMORE WASHINGTON MEDICAL CENTER	301 HOSPITAL DR
--------	-------------------------------------	-----------------

210043	BALTIMORE WASHINGTON MEDICAL CENTER	301 HOSPITAL DR
--------	-------------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

RANDALLSTOWN MD

RANDALLSTOWN MD

GLEN BURNIE MD

GLEN BURNIE MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21133	BALTIMORE	4105215995
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21133	BALTIMORE	4105215995
-------	-----------	------------

21061	ANNE ARUNDEL	4107874400
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21061	ANNE ARUNDEL	4107874400
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20197.00 \*

\$20866.00 \*

\$19021.00 \*

\$20895.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

210043	BALTIMORE WASHINGTON MEDICAL CENTER	301 HOSPITAL DR
--------	-------------------------------------	-----------------

210044	GREATER BALTIMORE MEDICAL CENTER	6701 NORTH CHARLES STREET
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210044	GREATER BALTIMORE MEDICAL CENTER	6701 NORTH CHARLES STREET
--------	----------------------------------	---------------------------

210044	GREATER BALTIMORE MEDICAL CENTER	6701 NORTH CHARLES STREET
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210048	HOWARD COUNTY GENERAL	5755 CEDAR LANE
--------	-----------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

GLEN BURNIE MD

BALTIMORE MD

BALTIMORE MD

BALTIMORE MD

COLUMBIA MD

# knee

Based on Hospital Medicare Payment And Volume Measures

21061	ANNE ARUNDEL	4107874400
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21204	BALTIMORE	4438492121
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21204	BALTIMORE	4438492121
-------	-----------	------------

21204	BALTIMORE	4438492121
-------	-----------	------------

21044	HOWARD	4107407710
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22458.00 \*

\$14919.00 \*

\$36841.00 \*

\$13078.00 \*

\$17044.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITAL

210048	HOWARD COUNTY GENERAL HOSPITAL	5755 CEDAR LANE
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210049	UPPER CHESAPEAKE MEDICAL CENTER	500 UPPER CHESAPEAKE DRIVE
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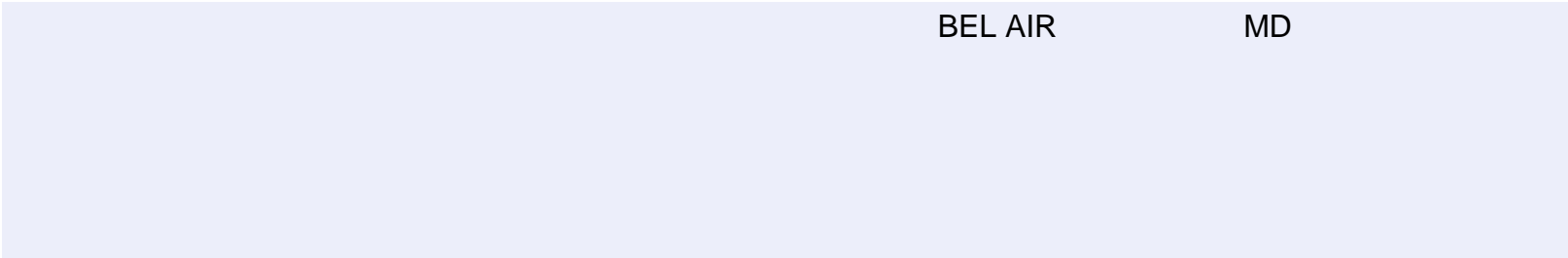
210049	UPPER CHESAPEAKE MEDICAL CENTER	500 UPPER CHESAPEAKE DRIVE
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210049	UPPER CHESAPEAKE MEDICAL CENTER	500 UPPER CHESAPEAKE DRIVE
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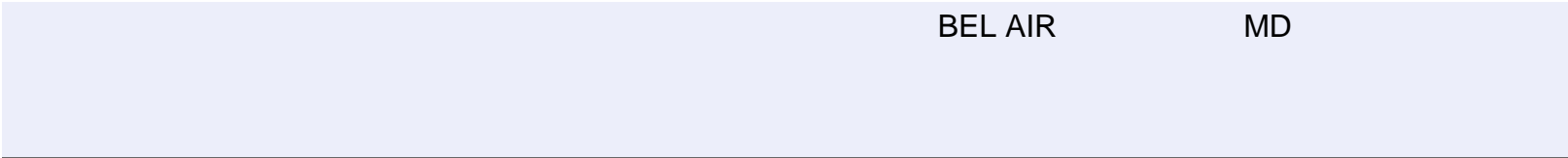
# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBIA MD



BEL AIR MD



# knee

Based on Hospital Medicare Payment And Volume Measures

21044

HOWARD

4107407710

21014

HARFORD

4436433303

21014

HARFORD

4436433303

21014

HARFORD

4436433303

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15958.00 \*

\$36443.00 \*

\$35019.00 \*

\$25027.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

210051	DOCTORS' COMMUNITY HOSPITAL	8118 GOOD LUCK ROAD
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210051	DOCTORS' COMMUNITY HOSPITAL	8118 GOOD LUCK ROAD
--------	-----------------------------	---------------------

210051	DOCTORS' COMMUNITY HOSPITAL	8118 GOOD LUCK ROAD
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210054	SOUTHERN MARYLAND HOSPITAL CENTER	7503 SURREATTS RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

LANHAM

MD

LANHAM

MD

LANHAM

MD

CLINTON

MD



# knee

Based on Hospital Medicare Payment And Volume Measures

20706	PRINCE GEORGES	3015528085
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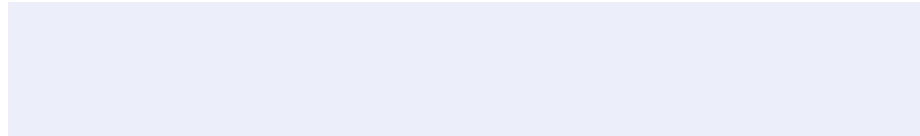
20706	PRINCE GEORGES	3015528085
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20706	PRINCE GEORGES	3015528085
-------	----------------	------------

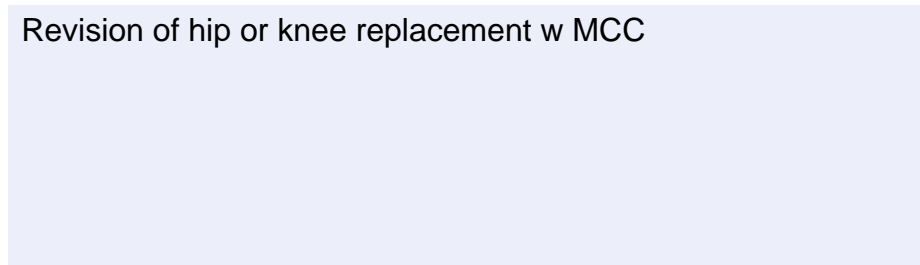
20735	PRINCE GEORGES	3018774530
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# knee

Based on Hospital Medicare Payment And Volume Measures

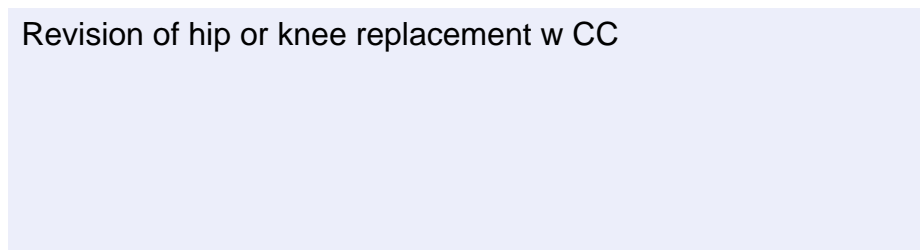


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23625.00 \*

\$22378.00 \*

\$30659.00 \*

\$26632.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210054	SOUTHERN MARYLAND HOSPITAL CENTER	7503 SURRATTS RD
210055	LAUREL REGIONAL MEDICAL CENTER	7300 VAN DUSEN ROAD
210056	GOOD SAMARITAN HOSPITAL	5601 LOCH RAVEN BLVD
210056	GOOD SAMARITAN HOSPITAL	5601 LOCH RAVEN BLVD
210056	GOOD SAMARITAN HOSPITAL	5601 LOCH RAVEN BLVD
210057	SHADY GROVE ADVENTIST HOSPITAL	9901 MEDICAL CTR DR

# knee

Based on Hospital Medicare Payment And Volume Measures

CLINTON

MD

LAUREL

MD

BALTIMORE

MD

BALTIMORE

MD

BALTIMORE

MD

ROCKVILLE

MD

# knee

Based on Hospital Medicare Payment And Volume Measures

20735	PRINCE GEORGES	3018774530
-------	----------------	------------

20707	PRINCE GEORGES	3014977953
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21239	BALTIMORE CITY	4434443902
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21239	BALTIMORE CITY	4434443902
-------	----------------	------------

21239	BALTIMORE CITY	4434443902
-------	----------------	------------

20850	MONTGOMERY	2408266472
-------	------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$24083.00 *	
	\$46223.00 *	
	\$24569.00	24
	\$32090.00 *	
	\$29924.00	16
	\$21532.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210057	SHADY GROVE ADVENTIST HOSPITAL	9901 MEDICAL CTR DR
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210057	SHADY GROVE ADVENTIST HOSPITAL	9901 MEDICAL CTR DR
--------	-----------------------------------	---------------------

210060	FORT WASHINGTON HOSPITAL	11711 LIVINGSTON ROAD
--------	--------------------------	-----------------------

210061	ATLANTIC GENERAL HOSPITAL	9733 HEALTHWAY DRIVE
--------	---------------------------	----------------------

210061	ATLANTIC GENERAL HOSPITAL	9733 HEALTHWAY DRIVE
--------	---------------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ROCKVILLE

MD

ROCKVILLE

MD

FORT  
WASHINGTON

MD

BERLIN

MD

BERLIN

MD

# knee

Based on Hospital Medicare Payment And Volume Measures

20850	MONTGOMERY	2408266472
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20850	MONTGOMERY	2408266472
-------	------------	------------

20744	PRINCE GEORGES	3012927000
-------	----------------	------------

21811	WORCESTER	4106419601
-------	-----------	------------

21811	WORCESTER	4106419601
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$32826.00 \*

\$21617.00 \*

\$23392.00 \*

\$7730.00 \*

\$34290.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

210061

ATLANTIC GENERAL HOSPITAL

9733 HEALTHWAY DRIVE

220002

MOUNT AUBURN HOSPITAL

330 MOUNT AUBURN  
STREET

220002

MOUNT AUBURN HOSPITAL

330 MOUNT AUBURN  
STREET

220002

MOUNT AUBURN HOSPITAL

330 MOUNT AUBURN  
STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BERLIN

MD

CAMBRIDGE

MA

CAMBRIDGE

MA

CAMBRIDGE

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

21811

WORCESTER

4106419601

02138

MIDDLESEX

6174923500

02138

MIDDLESEX

6174923500

02138

MIDDLESEX

6174923500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$32630.00 \*

\$2520.00 \*

\$4673.00 \*

\$21992.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220008	STURDY MEMORIAL HOSPITAL	211 PARK STREET
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220008	STURDY MEMORIAL HOSPITAL	211 PARK STREET
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220008	STURDY MEMORIAL HOSPITAL	211 PARK STREET
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220010	LAWRENCE GENERAL HOSPITAL	ONE GENERAL STREET
--------	---------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ATTLEBORO

MA

ATTLEBORO

MA

ATTLEBORO

MA

LAWRENCE

MA



# knee

Based on Hospital Medicare Payment And Volume Measures

02703

BRISTOL

5082225200

02703

BRISTOL

5082225200

02703

BRISTOL

5082225200

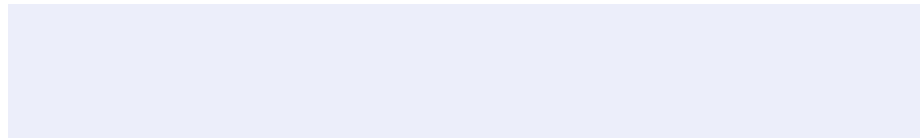
01842

ESSEX

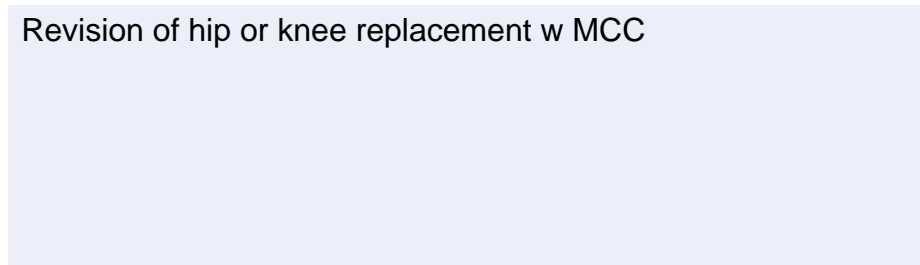
9786834000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19568.00 \*

\$27098.00 \*

\$15560.00 \*

\$33244.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220010	LAWRENCE GENERAL HOSPITAL	ONE GENERAL STREET
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220011	CAMBRIDGE HEALTH ALLIANCE	1493 CAMBRIDGE STREET
--------	---------------------------	-----------------------

220012	CAPE COD HOSPITAL	88 LEWIS BAY ROAD
--------	-------------------	-------------------

220012	CAPE COD HOSPITAL	88 LEWIS BAY ROAD
--------	-------------------	-------------------

220015	COOLEY DICKINSON HOSPITAL	30 LOCUST STREET
--------	---------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LAWRENCE

MA

CAMBRIDGE

MA

HYANNIS

MA

HYANNIS

MA

NORTHAMPTON

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01842	ESSEX	9786834000
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02138	MIDDLESEX	6176652300
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02601	BARNSTABLE	5087711800
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02601	BARNSTABLE	5087711800
-------	------------	------------

01060	HAMPSHIRE	4135822000
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$701.00 \*

\$21028.00 \*

\$16982.00 \*

\$17845.00 \*

\$18092.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

INC,THE

220015

COOLEY DICKINSON HOSPITAL  
INC,THE

30 LOCUST STREET

220016

BAYSTATE FRANKLIN MEDICAL  
CENTER

164 HIGH STREET

220016

BAYSTATE FRANKLIN MEDICAL  
CENTER

164 HIGH STREET

220016

BAYSTATE FRANKLIN MEDICAL  
CENTER

164 HIGH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

NORTHAMPTON MA

GREENFIELD MA

GREENFIELD MA

GREENFIELD MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01060

HAMPSHIRE

4135822000

01301

FRANKLIN

4137730211

01301

FRANKLIN

4137730211

01301

FRANKLIN

4137730211

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18356.00 \*

\$15629.00 \*

\$19539.00 \*

\$28981.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220017	CARNEY HOSPITAL, A CARITAS FAMILY HOSPITAL	2100 DORCHESTER AVENUE
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220020	SAINT ANNE'S HOSPITAL, A CARITAS FAMILY HOSPITAL	795 MIDDLE STREET
--------	---	-------------------

220020	SAINT ANNE'S HOSPITAL, A CARITAS FAMILY HOSPITAL	795 MIDDLE STREET
--------	---	-------------------

220020	SAINT ANNE'S HOSPITAL, A CARITAS FAMILY HOSPITAL	795 MIDDLE STREET
--------	---	-------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

BOSTON

MA

FALL RIVER

MA

FALL RIVER

MA

FALL RIVER

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

02124	SUFFOLK	6175062000
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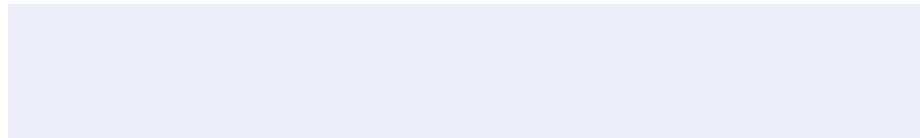
02721	BRISTOL	5086745600
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02721	BRISTOL	5086745600
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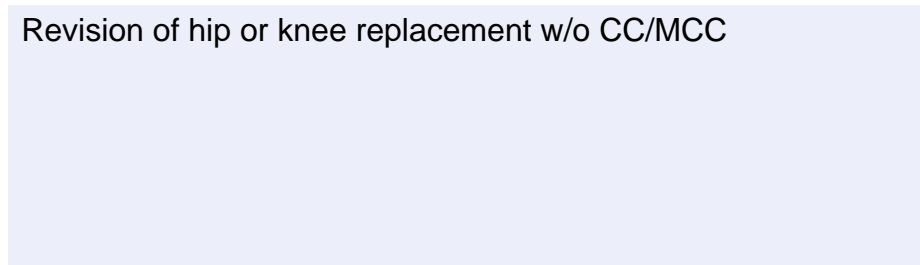
02721	BRISTOL	5086745600
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# knee

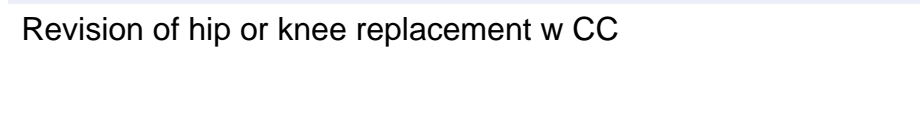
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27344.00 \*

\$16767.00 \*

\$19242.00 \*

\$25450.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220024	HOLYOKE MEDICAL CENTER	575 BEECH STREET
--------	------------------------	------------------

220029	ANNA JAKUES HOSPITAL	25 HIGHLAND AVENUE
--------	----------------------	--------------------

220029	ANNA JAKUES HOSPITAL	25 HIGHLAND AVENUE
--------	----------------------	--------------------

220029	ANNA JAKUES HOSPITAL	25 HIGHLAND AVENUE
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220031	BOSTON MEDICAL CENTER	1 BOSTON MEDICAL
--------	-----------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HOLYOKE MA

NEWBURYPORT MA

NEWBURYPORT MA

NEWBURYPORT MA

BOSTON MA



# knee

Based on Hospital Medicare Payment And Volume Measures

01040	HAMPDEN	4135342500
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01950	ESSEX	9784631000
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01950	ESSEX	9784631000
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01950	ESSEX	9784631000
-------	-------	------------

02118	SUFFOLK	6176388000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$16177.00 \*

\$30087.00 \*

\$16904.00 \*

\$25801.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

CORPORATION

CENTER PLACE

220031

BOSTON MEDICAL CENTER  
CORPORATION

1 BOSTON MEDICAL  
CENTER PLACE

220031

BOSTON MEDICAL CENTER  
CORPORATION

1 BOSTON MEDICAL  
CENTER PLACE

220033

BEVERLY HOSPITAL CORPORATION

85 HERRICK STREET

220033

BEVERLY HOSPITAL CORPORATION

85 HERRICK STREET

220033

BEVERLY HOSPITAL CORPORATION

85 HERRICK STREET

220035

NORTH SHORE MEDICAL CENTER

81 HIGHLAND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

BOSTON

MA

BOSTON

MA

BEVERLY

MA

BEVERLY

MA

BEVERLY

MA

SALEM

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

02118	SUFFOLK	6176388000
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02118	SUFFOLK	6176388000
-------	---------	------------

01915	ESSEX	9789223000
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01915	ESSEX	9789223000
-------	-------	------------

01915	ESSEX	9789223000
-------	-------	------------

01970	ESSEX	9787411215
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$32256.00 \*

\$47843.00 \*

\$30134.00 \*

\$20317.00 13

\$16251.00 13

\$17203.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

220035	NORTH SHORE MEDICAL CENTER	81 HIGHLAND AVENUE
220035	NORTH SHORE MEDICAL CENTER	81 HIGHLAND AVENUE
220036	ST ELIZABETH'S MEDICAL CENTER, A CARITAS FAMILY HO	736 CAMBRIDGE STREET
220036	ST ELIZABETH'S MEDICAL CENTER, A CARITAS FAMILY HO	736 CAMBRIDGE STREET
220036	ST ELIZABETH'S MEDICAL CENTER, A CARITAS FAMILY HO	736 CAMBRIDGE STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

SALEM MA

SALEM MA

BRIGHTON MA

BRIGHTON MA

BRIGHTON MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01970	ESSEX	9787411215
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01970	ESSEX	9787411215
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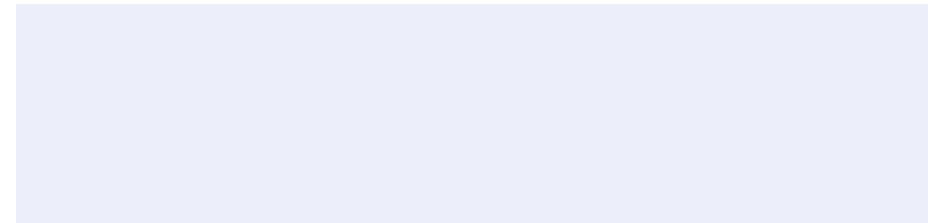
02135	SUFFOLK	6177893000
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02135	SUFFOLK	6177893000
-------	---------	------------

02135	SUFFOLK	6177893000
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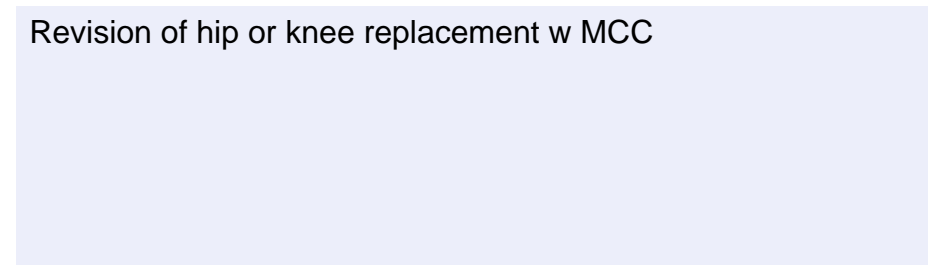
# knee

Based on Hospital Medicare Payment And Volume Measures



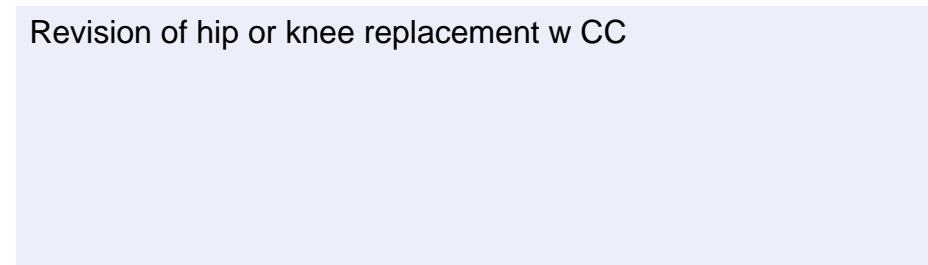
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

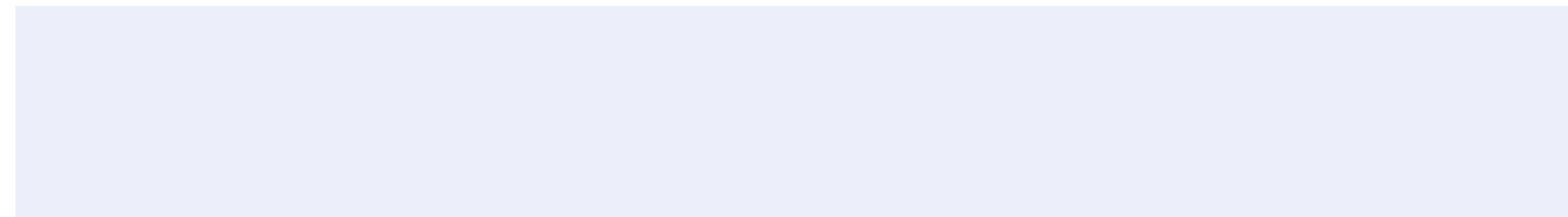
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



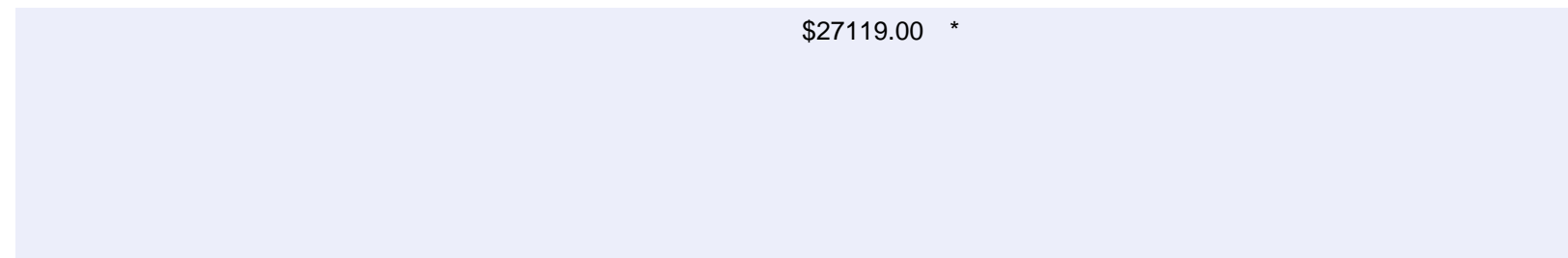
\$21507.00

32



\$31862.00 \*

\$40224.00 \*



\$27119.00 \*

\$21692.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220046	BERKSHIRE MEDICAL CENTER INC	725 NORTH STREET
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220046	BERKSHIRE MEDICAL CENTER INC	725 NORTH STREET
--------	------------------------------	------------------

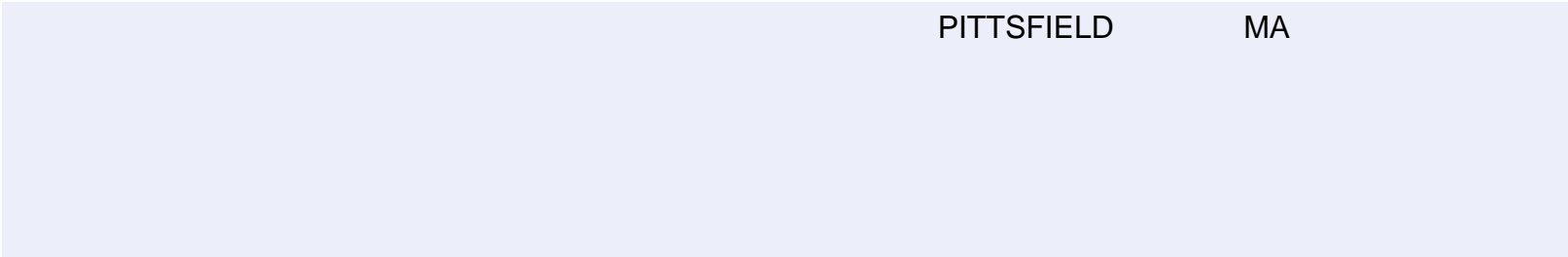
220046	BERKSHIRE MEDICAL CENTER INC	725 NORTH STREET
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220049	MARLBOROUGH HOSPITAL	157 UNION STREET
--------	----------------------	------------------

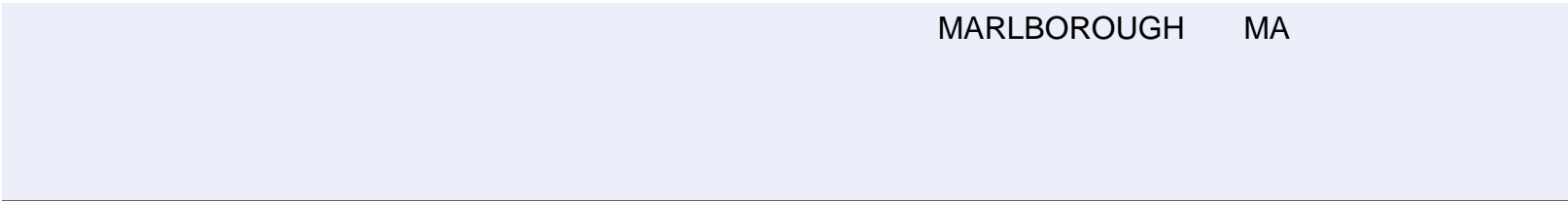
# knee

Based on Hospital Medicare Payment And Volume Measures

PITTSFIELD MA



PITTSFIELD MA



# knee

Based on Hospital Medicare Payment And Volume Measures

01201

BERKSHIRE

4134472000

01201

BERKSHIRE

4134472000

01201

BERKSHIRE

4134472000

01752

MIDDLESEX

5084815000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18596.00 \*

\$23249.00 \*

\$32619.00 \*

\$522.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220049

MARLBOROUGH HOSPITAL

157 UNION STREET

220049

MARLBOROUGH HOSPITAL

157 UNION STREET

220051

NORTH ADAMS REGIONAL  
HOSPITAL

71 HOSPITAL AVENUE

220051

NORTH ADAMS REGIONAL  
HOSPITAL

71 HOSPITAL AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

MARLBOROUGH MA

MARLBOROUGH MA

NORTH ADAMS MA

NORTH ADAMS MA



# knee

Based on Hospital Medicare Payment And Volume Measures

01752	MIDDLESEX	5084815000
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01752	MIDDLESEX	5084815000
-------	-----------	------------

01247	BERKSHIRE	4136645000
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01247	BERKSHIRE	4136645000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18998.00 \*

\$7723.00 \*

\$15027.00 \*

\$24475.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220052	SIGNATURE HEALTHCARE BROCKTON HOSPITAL	680 CENTER STREET
220052	SIGNATURE HEALTHCARE BROCKTON HOSPITAL	680 CENTER STREET
220060	JORDAN HOSPITAL INC	275 SANDWICH STREET
220060	JORDAN HOSPITAL INC	275 SANDWICH STREET
220063	LOWELL GENERAL HOSPITAL	295 VARNUM AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

BROCKTON MA

BROCKTON MA

PLYMOUTH MA

PLYMOUTH MA

LOWELL MA

# knee

Based on Hospital Medicare Payment And Volume Measures

02302	PLYMOUTH	5089417000
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02302	PLYMOUTH	5089417000
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02360	PLYMOUTH	5087462000
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02360	PLYMOUTH	5087462000
-------	----------	------------

01854	MIDDLESEX	9789376000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$870.00 \*

\$18538.00 \*

\$15478.00 \*

\$17739.00 \*

\$22180.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

220063

LOWELL GENERAL HOSPITAL

295 VARNUM AVENUE

220063

LOWELL GENERAL HOSPITAL

295 VARNUM AVENUE

220065

NOBLE HOSPITAL

115 WEST SILVER STREET

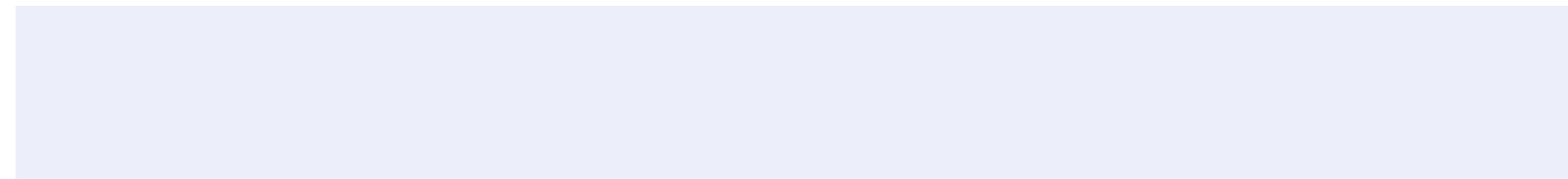
220066

MERCY MEDICAL CENTER

271 CAREW STREET

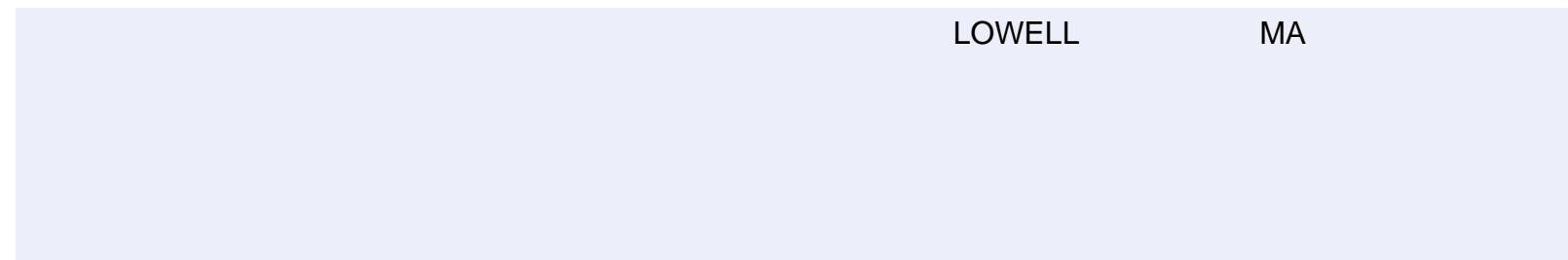
# knee

Based on Hospital Medicare Payment And Volume Measures



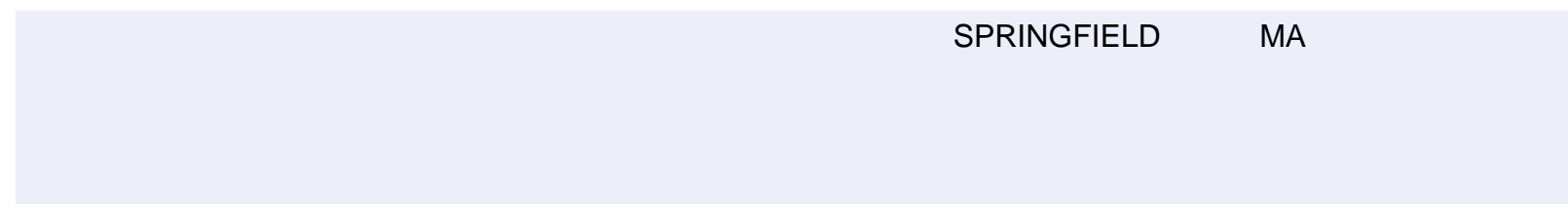
LOWELL

MA



LOWELL

MA



SPRINGFIELD

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01854

MIDDLESEX

9789376000

01854

MIDDLESEX

9789376000

01085

HAMPDEN

4135682811

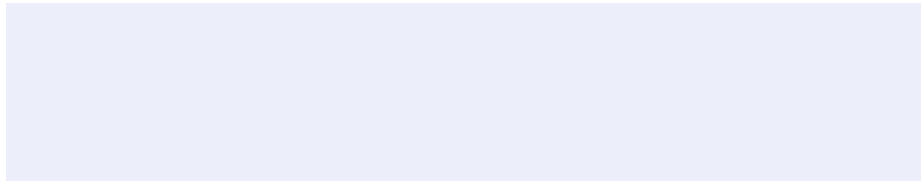
01104

HAMPDEN

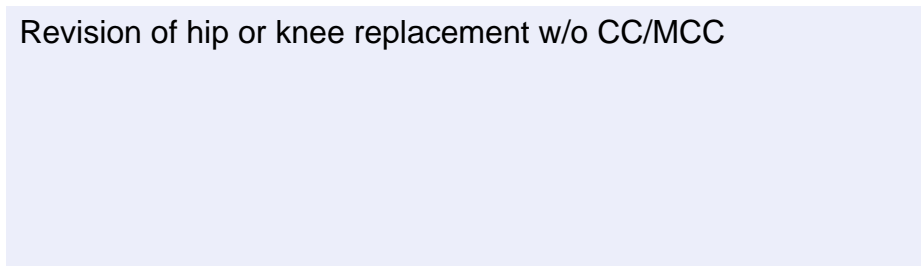
4137489000

# knee

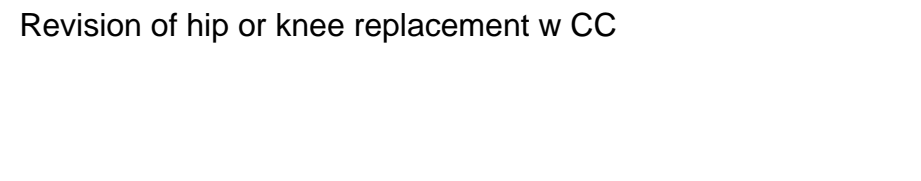
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$32898.00 \*

\$17736.00 \*

\$19543.00 \*

\$21971.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220066

MERCY MEDICAL CENTER

271 CAREW STREET

220067

QUINCY MEDICAL CENTER

114 WHITWELL STREET

220067

QUINCY MEDICAL CENTER

114 WHITWELL STREET

220070

HALLMARK HEALTH SYSTEM

585 LEBANON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

SPRINGFIELD MA

QUINCY MA

QUINCY MA

MELROSE MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01104	HAMPDEN	4137489000
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02169	NORFOLK	6177736100
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02169	NORFOLK	6177736100
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02176	MIDDLESEX	7819793000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$41506.00 \*

\$16071.00 \*

\$19978.00 \*

\$20835.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220071	MASSACHUSETTS GENERAL HOSPITAL	55 FRUIT STREET
220071	MASSACHUSETTS GENERAL HOSPITAL	55 FRUIT STREET
220071	MASSACHUSETTS GENERAL HOSPITAL	55 FRUIT STREET
220073	MORTON HOSPITAL & MEDICAL CENTER	88 WASHINGTON STREET
220073	MORTON HOSPITAL & MEDICAL CENTER	88 WASHINGTON STREET
220074	SOUTHCOAST HOSPITAL GROUP, INC	363 HIGHLAND AVENUE
220074	SOUTHCOAST HOSPITAL GROUP, INC	363 HIGHLAND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

BOSTON MA

BOSTON MA

BOSTON MA

TAUNTON MA

TAUNTON MA

FALL RIVER MA

FALL RIVER MA



# knee

Based on Hospital Medicare Payment And Volume Measures

02114	SUFFOLK	6177262000
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02114	SUFFOLK	6177262000
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02114	SUFFOLK	6177262000
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02780	BRISTOL	5088287000
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02780	BRISTOL	5088287000
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02720	BRISTOL	5086793131
-------	---------	------------

02720	BRISTOL	5086793131
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20919.00 31

\$26153.00 35

\$31451.00 \*

\$20455.00 \*

\$16587.00 \*

\$16245.00 11

\$20780.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

220074	SOUTHCOAST HOSPITAL GROUP, INC	363 HIGHLAND AVENUE
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220077	BAYSTATE MEDICAL CENTER	759 CHESTNUT STREET
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220077	BAYSTATE MEDICAL CENTER	759 CHESTNUT STREET
--------	-------------------------	---------------------

220077	BAYSTATE MEDICAL CENTER	759 CHESTNUT STREET
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220080	HOLY FAMILY HOSPITAL, A CARITAS FAMILY HOSPITAL	70 EAST STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

FALL RIVER

MA

SPRINGFIELD

MA

SPRINGFIELD

MA

SPRINGFIELD

MA

METHUEN

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

02720

BRISTOL

5086793131

01199

HAMPDEN

4137940000

01199

HAMPDEN

4137940000

01199

HAMPDEN

4137940000

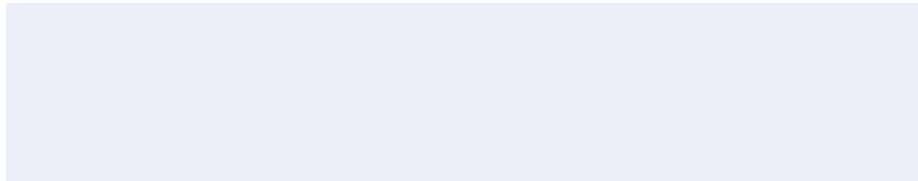
01844

ESSEX

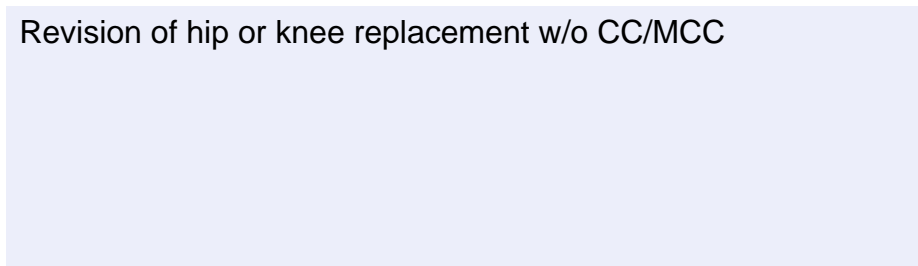
9786870156

# knee

Based on Hospital Medicare Payment And Volume Measures

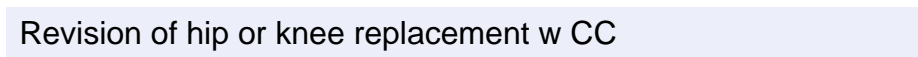


Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



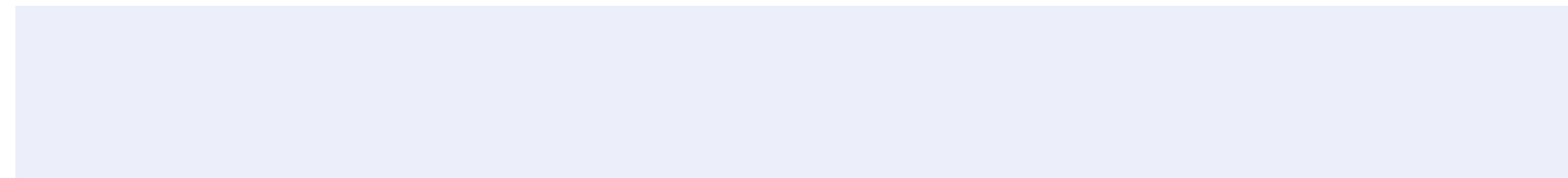
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

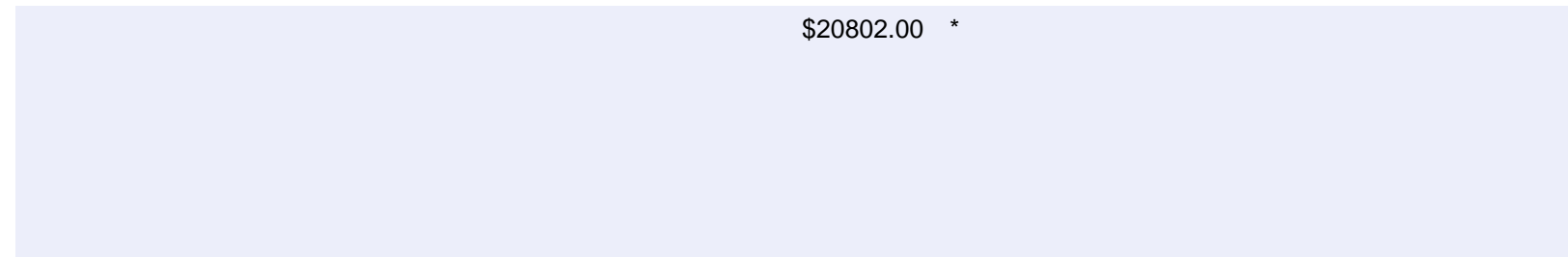


# knee

Based on Hospital Medicare Payment And Volume Measures



\$30825.00 \*



\$20802.00 \*



\$38574.00 \*



\$26007.00

12

\$17405.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

220080	HOLY FAMILY HOSPITAL, A CARITAS FAMILY HOSPITAL	70 EAST STREET
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220082	SAINTS MEDICAL CENTER INC	1 HOSPITAL DRIVE
--------	---------------------------	------------------

220082	SAINTS MEDICAL CENTER INC	1 HOSPITAL DRIVE
--------	---------------------------	------------------

220083	BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	148 CHESTNUT STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

METHUEN

MA

LOWELL

MA

LOWELL

MA

NEEDHAM

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01844

ESSEX

9786870156

01852

MIDDLESEX

9784581411

01852

MIDDLESEX

9784581411

02494

NORFOLK

7814533000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15967.00 \*

\$13447.00 \*

\$18769.00 \*

\$15529.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
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health information due to the  
small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

220084	EMERSON HOSPITAL	OLD ROAD TO 9 ACRE CORNER
220084	EMERSON HOSPITAL	OLD ROAD TO 9 ACRE CORNER
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	330 BROOKLINE AVENUE
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	330 BROOKLINE AVENUE
220086	BETH ISRAEL DEACONESS MEDICAL CENTER	330 BROOKLINE AVENUE
220088	NEW ENGLAND BAPTIST HOSPITAL	125 PARKER HILL AVENUE
220088	NEW ENGLAND BAPTIST HOSPITAL	125 PARKER HILL AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

W CONCORD

MA

W CONCORD

MA

BOSTON

MA

BOSTON

MA

BOSTON

MA

BOSTON

MA

BOSTON

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01742	MIDDLESEX	9783691400
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01742	MIDDLESEX	9783691400
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02215	SUFFOLK	6176677000
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02215	SUFFOLK	6176677000
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02215	SUFFOLK	6176677000
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02120	SUFFOLK	6177545800
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02120	SUFFOLK	6177545800
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14909.00 *	
	\$15525.00 *	
	\$28500.00	14
	\$37131.00 *	
	\$22796.00	11
	\$16003.00	98
	\$26859.00	16

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220088	NEW ENGLAND BAPTIST HOSPITAL	125 PARKER HILL AVENUE
220090	MILFORD REGIONAL MEDICAL CENTER	14 PROSPECT STREET
220090	MILFORD REGIONAL MEDICAL CENTER	14 PROSPECT STREET
220095	HEYWOOD HOSPITAL	242 GREEN STREET
220095	HEYWOOD HOSPITAL	242 GREEN STREET
220098	NASHOBA VALLEY MEDICAL	200 GROTON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

BOSTON MA

MILFORD MA

MILFORD MA

GARDNER MA

GARDNER MA

AYER MA



# knee

Based on Hospital Medicare Payment And Volume Measures

02120	SUFFOLK	6177545800
01757	WORCESTER	5084731190

01757	WORCESTER	5084731190
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01440	WORCESTER	9786323420
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01440	WORCESTER	9786323420
-------	-----------	------------

01432	MIDDLESEX	9787849000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20008.00	73
	\$19660.00 *	
	\$16078.00 *	
	\$17482.00 *	
	\$18243.00 *	
	\$27609.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

220100

SOUTH SHORE HOSPITAL

55 FOGG ROAD

220100

SOUTH SHORE HOSPITAL

55 FOGG ROAD

220100

SOUTH SHORE HOSPITAL

55 FOGG ROAD

220101

NEWTON-WELLESLEY HOSPITAL

2014 WASHINGTON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

SOUTH  
WEYMOUTH

MA

SOUTH  
WEYMOUTH

MA

SOUTH  
WEYMOUTH

MA

NEWTON

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

02190

NORFOLK

7813408000

02190

NORFOLK

7813408000

02190

NORFOLK

7813408000

02462

MIDDLESEX

6172436000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15470.00 \*

\$27912.00 \*

\$17730.00 \*

\$17202.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

220101	NEWTON-WELLESLEY HOSPITAL	2014 WASHINGTON STREET
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220101	NEWTON-WELLESLEY HOSPITAL	2014 WASHINGTON STREET
220105	WINCHESTER HOSPITAL	41 HIGHLAND AVENUE

220105	WINCHESTER HOSPITAL	41 HIGHLAND AVENUE
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220105	WINCHESTER HOSPITAL	41 HIGHLAND AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEWTON	MA
--------	----

NEWTON	MA
WINCHESTER	MA

WINCHESTER	MA
------------	----

WINCHESTER	MA
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

02462	MIDDLESEX	6172436000
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02462	MIDDLESEX	6172436000
-------	-----------	------------

01890	MIDDLESEX	7817299000
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01890	MIDDLESEX	7817299000
-------	-----------	------------

01890	MIDDLESEX	7817299000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

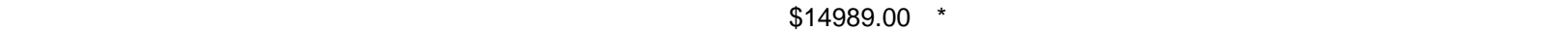
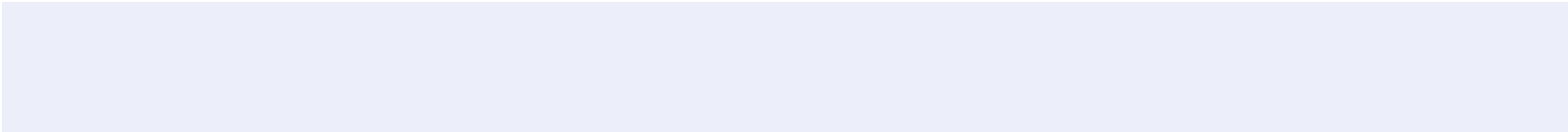
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220110	BRIGHAM AND WOMEN'S HOSPITAL	75 FRANCIS STREET
220110	BRIGHAM AND WOMEN'S HOSPITAL	75 FRANCIS STREET
220110	BRIGHAM AND WOMEN'S HOSPITAL	75 FRANCIS STREET
220111	GOOD SAMARITAN MEDICAL CENTER, A CARITAS FAMILY HO	235 NORTH PEARL STREET
220111	GOOD SAMARITAN MEDICAL CENTER, A CARITAS FAMILY HO	235 NORTH PEARL STREET
220111	GOOD SAMARITAN MEDICAL CENTER, A CARITAS FAMILY HO	235 NORTH PEARL STREET
220116	TUFTS MEDICAL CENTER	800 WASHINGTON STREET
220116	TUFTS MEDICAL CENTER	800 WASHINGTON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BOSTON MA

BOSTON MA

BOSTON MA

BROCKTON MA

BROCKTON MA

BROCKTON MA

BOSTON MA

BOSTON MA

# knee

Based on Hospital Medicare Payment And Volume Measures

02115	SUFFOLK	6177325500
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02115	SUFFOLK	6177325500
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02115	SUFFOLK	6177325500
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02301	PLYMOUTH	5084273000
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02301	PLYMOUTH	5084273000
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02301	PLYMOUTH	5084273000
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02111	SUFFOLK	6176365000
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02111	SUFFOLK	6176365000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21393.00	28
	\$39551.00	18
	\$26746.00	88
	\$18794.00 *	
	\$31742.00 *	
	\$9159.00 *	
	\$25023.00	19
	\$41506.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

220116

TUFTS MEDICAL CENTER

800 WASHINGTON STREET

220119

FAULKNER HOSPITAL

1153 CENTRE STREET

220119

FAULKNER HOSPITAL

1153 CENTRE STREET

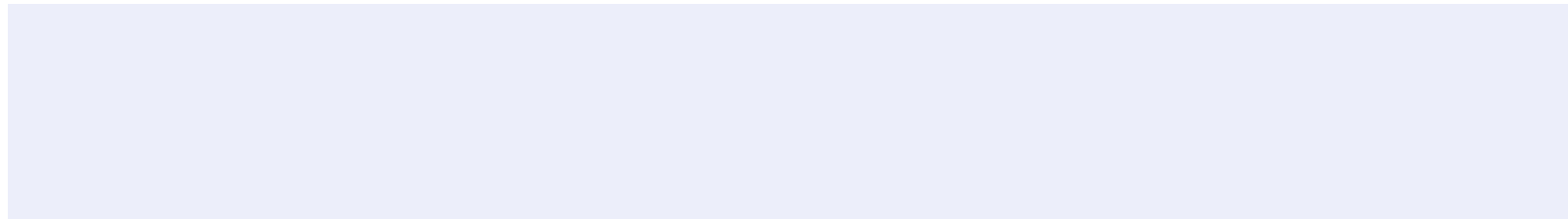
220119

FAULKNER HOSPITAL

1153 CENTRE STREET

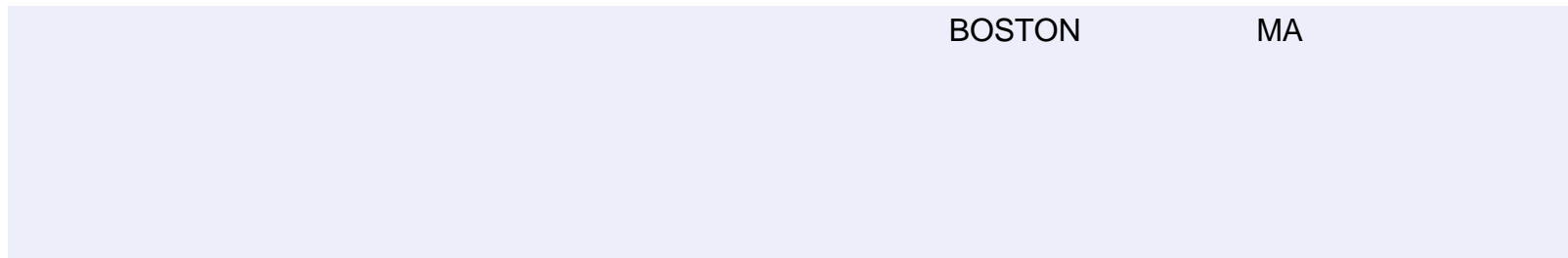
# knee

Based on Hospital Medicare Payment And Volume Measures



BOSTON

MA



BOSTON

MA



BOSTON

MA



# knee

Based on Hospital Medicare Payment And Volume Measures

02111	SUFFOLK	6176365000
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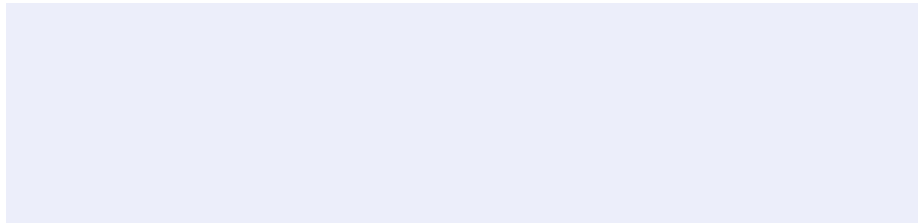
02130	SUFFOLK	6179837000
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02130	SUFFOLK	6179837000
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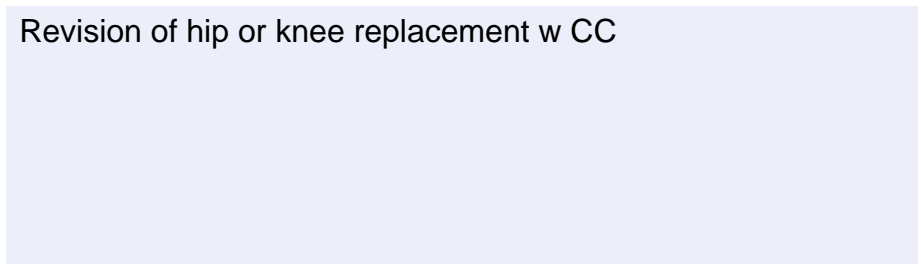
02130	SUFFOLK	6179837000
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



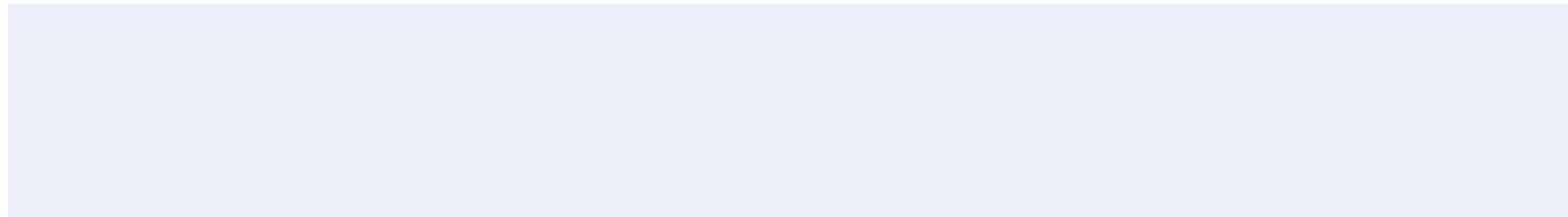
Revision of hip or knee replacement w MCC



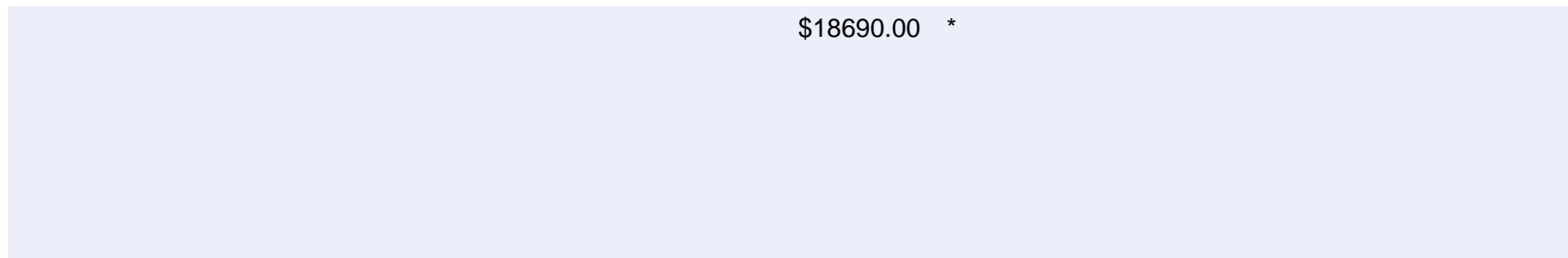
Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$30602.00 \*



\$18690.00 \*



\$22427.00 \*



\$17900.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

220126	NORWOOD HOSPITAL, A CARITAS FAMILY HOSPITAL	800 WASHINGTON STREET
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220126	NORWOOD HOSPITAL, A CARITAS FAMILY HOSPITAL	800 WASHINGTON STREET
--------	--	-----------------------

220126	NORWOOD HOSPITAL, A CARITAS FAMILY HOSPITAL	800 WASHINGTON STREET
--------	--	-----------------------

220135	FALMOUTH HOSPITAL	67 & 100 TER HEUN DRIVE
220135	FALMOUTH HOSPITAL	67 & 100 TER HEUN DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

NORWOOD

MA

NORWOOD

MA

NORWOOD

MA

FALMOUTH

MA

FALMOUTH

MA

# knee

Based on Hospital Medicare Payment And Volume Measures

02062	NORFOLK	5087721000
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02062	NORFOLK	5087721000
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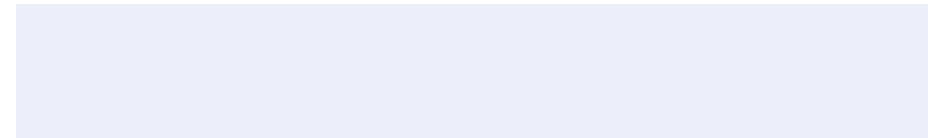
02062	NORFOLK	5087721000
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02540	BARNSTABLE	5085485300
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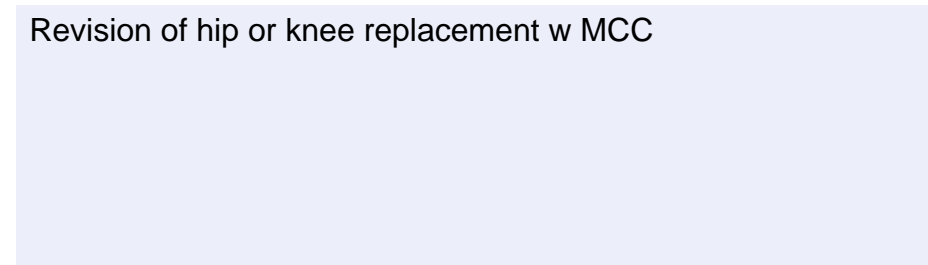
02540	BARNSTABLE	5085485300
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# knee

Based on Hospital Medicare Payment And Volume Measures

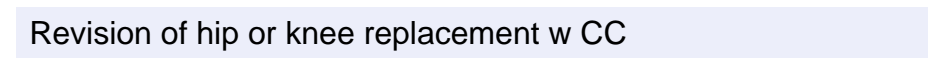


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



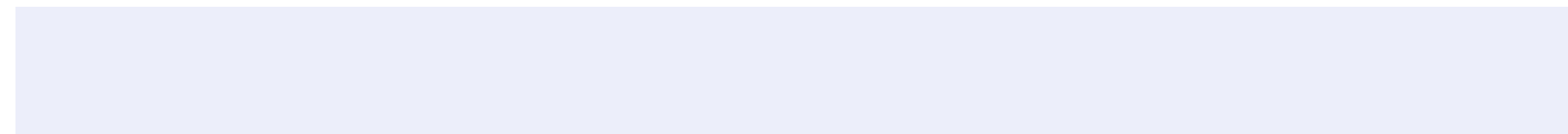
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$15473.00 \*



\$28687.00 \*

\$19343.00 \*



\$20138.00

12

\$27548.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

220163	UMASS MEMORIAL MEDICAL CENTER INC	55 LAKE AVENUE NORTH
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220163	UMASS MEMORIAL MEDICAL CENTER INC	55 LAKE AVENUE NORTH
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220163	UMASS MEMORIAL MEDICAL CENTER INC	55 LAKE AVENUE NORTH
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220171	LAHEY CLINIC HOSPITAL	41 & 45 MALL ROAD
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220171	LAHEY CLINIC HOSPITAL	41 & 45 MALL ROAD
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220171	LAHEY CLINIC HOSPITAL	41 & 45 MALL ROAD
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220174	MERRIMACK VALLEY HOSPITAL	140 LINCOLN AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

WORCESTER MA

WORCESTER MA

WORCESTER MA

BURLINGTON MA

BURLINGTON MA

BURLINGTON MA

HAVERHILL MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01655	WORCESTER	5083341000
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01655	WORCESTER	5083341000
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01655	WORCESTER	5083341000
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01803	MIDDLESEX	7817445100
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01803	MIDDLESEX	7817445100
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01803	MIDDLESEX	7817445100
-------	-----------	------------

01830	ESSEX	9783742000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24143.00 \*

\$27011.00	16
------------	----

\$21605.00 \*

\$17593.00	18
------------	----

\$20164.00	22
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\$30860.00 \*

\$16072.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

220175	METROWEST MEDICAL CENTER	115 LINCOLN STREET
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220175	METROWEST MEDICAL CENTER	115 LINCOLN STREET
--------	--------------------------	--------------------

220176	ST VINCENT HOSPITAL	123 SUMMER STREET
--------	---------------------	-------------------

220176	ST VINCENT HOSPITAL	123 SUMMER STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

FRAMINGHAM MA

FRAMINGHAM MA

WORCESTER MA

WORCESTER MA

# knee

Based on Hospital Medicare Payment And Volume Measures

01701	MIDDLESEX	5083831000
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01701	MIDDLESEX	5083831000
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01608	WORCESTER	5083635000
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01608	WORCESTER	5083635000
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1420.00 \*

\$31638.00 \*

\$32541.00 \*

\$14496.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

220176

ST VINCENT HOSPITAL

123 SUMMER STREET

230002

ST MARY MERCY HOSPITAL

36475 FIVE MILE ROAD

230002

ST MARY MERCY HOSPITAL

36475 FIVE MILE ROAD

230002

ST MARY MERCY HOSPITAL

36475 FIVE MILE ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

WORCESTER

MA

LIVONIA

MI

LIVONIA

MI

LIVONIA

MI



# knee

Based on Hospital Medicare Payment And Volume Measures

01608	WORCESTER	5083635000
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48154	WAYNE	7346554800
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48154	WAYNE	7346554800
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48154	WAYNE	7346554800
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15460.00 \*

\$13777.00 \*

\$17221.00 \*

\$25549.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

230003	ZEELAND COMMUNITY HOSPITAL	8333 FELCH ST
230004	MERCY HEALTH PARTNERS, MERCY CAMPUS	1500 E SHERMAN BOULEVARD
230004	MERCY HEALTH PARTNERS, MERCY CAMPUS	1500 E SHERMAN BOULEVARD
230004	MERCY HEALTH PARTNERS, MERCY CAMPUS	1500 E SHERMAN BOULEVARD
230005	EMMA L BIXBY MEDICAL CENTER	818 RIVERSIDE AVENUE
230013	DOCTOR'S HOSPITAL OF MICHIGAN	461 W HURON ST

# knee

Based on Hospital Medicare Payment And Volume Measures

ZEELAND	MI
---------	----

MUSKEGON	MI
----------	----

MUSKEGON	MI
----------	----

MUSKEGON	MI
----------	----

ADRIAN	MI
--------	----

PONTIAC	MI
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# knee

Based on Hospital Medicare Payment And Volume Measures

49464	OTTAWA	6167724644
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49444	MUSKEGON	2316723901
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49444	MUSKEGON	2316723901
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49444	MUSKEGON	2316723901
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49221	LENAWEE	5172650900
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48341	OAKLAND	2488577200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14523.00 *	
	\$15793.00	11
	\$19710.00	18
	\$897.00 *	
	\$16203.00 *	
	\$34421.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

230015	THREE RIVERS HEALTH	701 S HEALTH PARKWAY
230017	BRONSON METHODIST HOSPITAL	601 JOHN STREET
230017	BRONSON METHODIST HOSPITAL	601 JOHN STREET
230017	BRONSON METHODIST HOSPITAL	601 JOHN STREET
230019	PROVIDENCE HOSPITAL AND MEDICAL CENTERS	16001 W NINE MILE RD
230019	PROVIDENCE HOSPITAL AND MEDICAL CENTERS	16001 W NINE MILE RD
230019	PROVIDENCE HOSPITAL AND	16001 W NINE MILE RD

# knee

Based on Hospital Medicare Payment And Volume Measures

THREE RIVERS MI

KALAMAZOO MI

KALAMAZOO MI

KALAMAZOO MI

SOUTHFIELD MI

SOUTHFIELD MI

SOUTHFIELD MI

# knee

Based on Hospital Medicare Payment And Volume Measures

49093	SAINT JOSEPH	2692739602
49007	KALAMAZOO	2693416000
49007	KALAMAZOO	2693416000
49007	KALAMAZOO	2693416000
48075	OAKLAND	2488493011
48075	OAKLAND	2488493011
48075	OAKLAND	2488493011

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

knee

Based on Hospital Medicare Payment And Volume Measures

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230019	PROVIDENCE HOSPITAL AND MEDICAL CENTERS	16001 W NINE MILE RD
230020	OAKWOOD HOSPITAL AND MEDICAL CENTER	18101 OAKWOOD BLVD
230020	OAKWOOD HOSPITAL AND MEDICAL CENTER	18101 OAKWOOD BLVD
230020	OAKWOOD HOSPITAL AND MEDICAL CENTER	18101 OAKWOOD BLVD
230021	LAKELAND HOSPITAL, ST JOSEPH	1234 NAPIER AVENUE
230021	LAKELAND HOSPITAL, ST JOSEPH	1234 NAPIER AVENUE
230021	LAKELAND HOSPITAL, ST JOSEPH	1234 NAPIER AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

SOUTHFIELD MI

DEARBORN MI

DEARBORN MI

DEARBORN MI

ST JOSEPH MI

ST JOSEPH MI

ST JOSEPH MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48075	OAKLAND	2488493011
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48124	WAYNE	3135937125
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48124	WAYNE	3135937125
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48124	WAYNE	3135937125
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49085	BERRIEN	2699838300
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49085	BERRIEN	2699838300
-------	---------	------------

49085	BERRIEN	2699838300
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16520.00

14

\$30674.00 \*

\$17433.00

23

\$17836.00 \*

\$23654.00 \*

\$15858.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

230022

COMMUNITY HEALTH CENTER OF  
BRANCH COUNTY

274 E CHICAGO ST

230024

SINAI-GRACE HOSPITAL

6071 W OUTER DRIVE

230024

SINAI-GRACE HOSPITAL

6071 W OUTER DRIVE

230024

SINAI-GRACE HOSPITAL

6071 W OUTER DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

COLDWATER MI

DETROIT MI

DETROIT MI

DETROIT MI



# knee

Based on Hospital Medicare Payment And Volume Measures

49036

BRANCH

5172795400

48235

WAYNE

3139663300

48235

WAYNE

3139663300

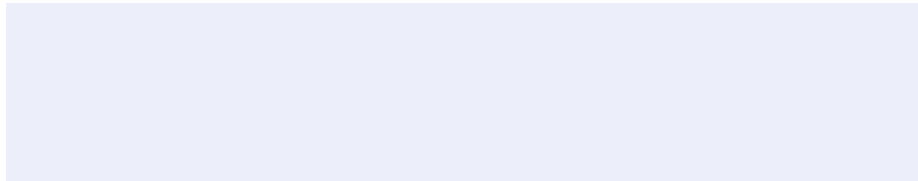
48235

WAYNE

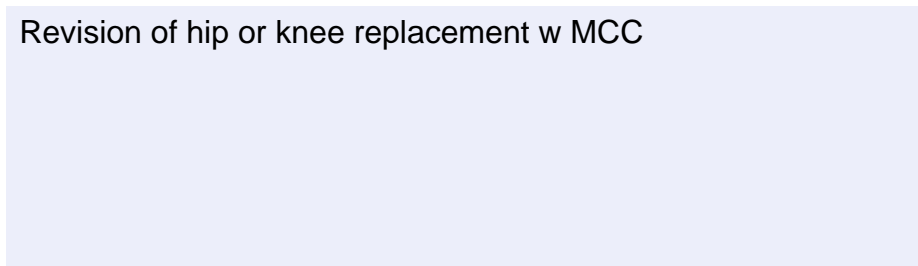
3139663300

# knee

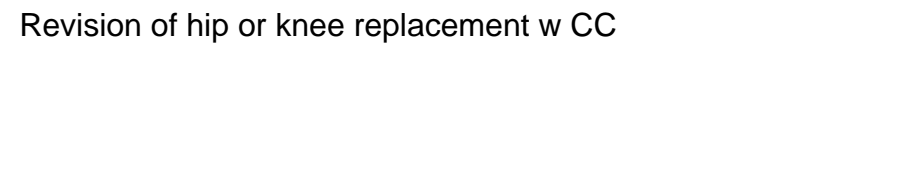
Based on Hospital Medicare Payment And Volume Measures



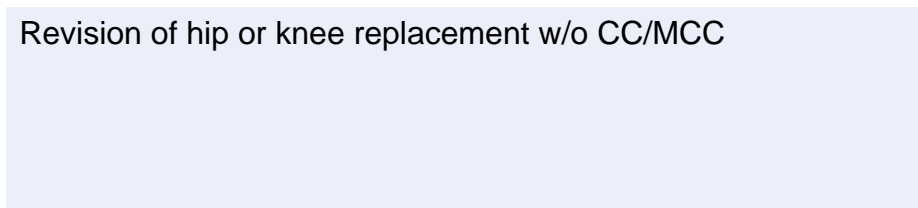
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$279.00 \*

\$37690.00 \*

\$25411.00 \*

\$20325.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

230029	ST JOSEPH MERCY OAKLAND	44405 WOODWARD AVE
230029	ST JOSEPH MERCY OAKLAND	44405 WOODWARD AVE
230031	ST JOSEPH MERCY PORT HURON	2601 ELECTRIC AVENUE
230031	ST JOSEPH MERCY PORT HURON	2601 ELECTRIC AVENUE
230031	ST JOSEPH MERCY PORT HURON	2601 ELECTRIC AVENUE
230035	SPECTRUM HEALTH UNITED MEMORIAL - UNITED CAMPUS	615 S BOWER STREET
230036	ALPENA REGIONAL MEDICAL CENTER	1501 W CHISHOLM ST

# knee

Based on Hospital Medicare Payment And Volume Measures

	PONTIAC	MI
	PONTIAC	MI
	PORT HURON	MI
	PORT HURON	MI
	PORT HURON	MI
	GREENVILLE	MI
	ALPENA	MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48341	OAKLAND	2488583000
48341	OAKLAND	2488583000
48060	SAINT CLAIR	8109851510
48060	SAINT CLAIR	8109851510
48060	SAINT CLAIR	8109851510
48838	MONTCALM	6167544691
49707	ALPENA	9893567390

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17473.00	12
	\$21845.00 *	
	\$13578.00	17
	\$25179.00 *	
	\$14146.00	17
	\$25256.00 *	
	\$28699.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230036	ALPENA REGIONAL MEDICAL CENTER	1501 W CHISHOLM ST
230036	ALPENA REGIONAL MEDICAL CENTER	1501 W CHISHOLM ST
230037	HILLSDALE COMMUNITY HEALTH CENTER	168 S HOWELL STREET
230037	HILLSDALE COMMUNITY HEALTH CENTER	168 S HOWELL STREET
230038	SPECTRUM HEALTH - BUTTERWORTH CAMPUS	100 MICHIGAN ST NE

# knee

Based on Hospital Medicare Payment And Volume Measures

ALPENA MI

ALPENA MI

HILLSDALE MI

HILLSDALE MI

GRAND RAPIDS MI

# knee

Based on Hospital Medicare Payment And Volume Measures

49707	ALPENA	9893567390
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49707	ALPENA	9893567390
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49242	HILLSDALE	5174374451
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49242	HILLSDALE	5174374451
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49503	KENT	6163911774
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

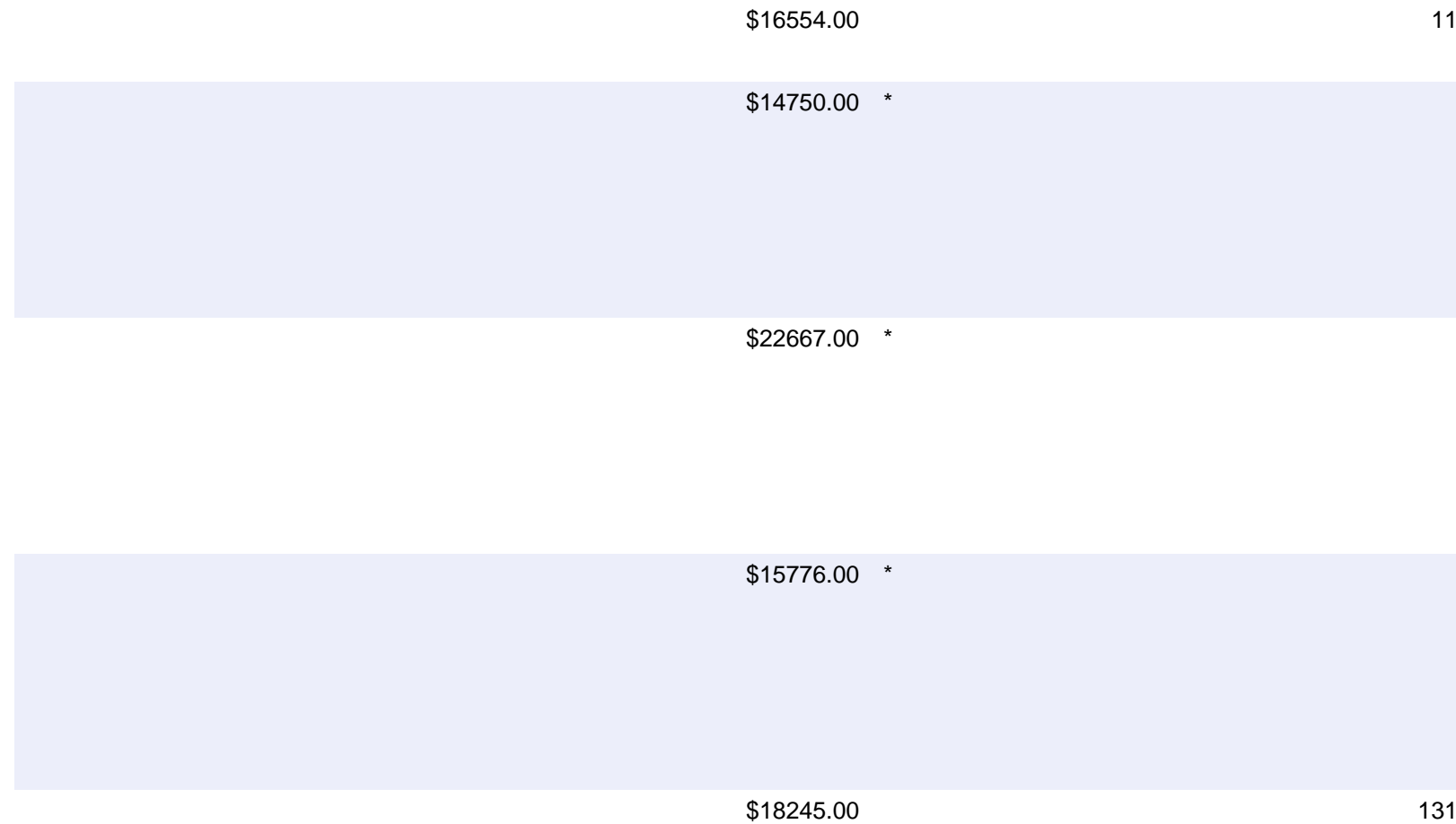
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230038	SPECTRUM HEALTH - BUTTERWORTH CAMPUS	100 MICHIGAN ST NE
230038	SPECTRUM HEALTH - BUTTERWORTH CAMPUS	100 MICHIGAN ST NE
230040	PENNOCK HOSPITAL	1009 W GREEN ST
230040	PENNOCK HOSPITAL	1009 W GREEN ST
230041	BAY REGIONAL MEDICAL CENTER	1900 COLUMBUS AVE
230041	BAY REGIONAL MEDICAL CENTER	1900 COLUMBUS AVE
230041	BAY REGIONAL MEDICAL CENTER	1900 COLUMBUS AVE
230046	UNIVERSITY OF MICHIGAN HEALTH SYSTEM	1500 E MEDICAL CENTER DRIVE, SPC 5474

# knee

Based on Hospital Medicare Payment And Volume Measures

GRAND RAPIDS	MI
--------------	----

GRAND RAPIDS	MI
--------------	----

HASTINGS	MI
----------	----

HASTINGS	MI
----------	----

BAY CITY	MI
----------	----

BAY CITY	MI
----------	----

BAY CITY	MI
----------	----

ANN ARBOR	MI
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# knee

Based on Hospital Medicare Payment And Volume Measures

49503	KENT	6163911774
49503	KENT	6163911774
49058	BARRY	2699453451
49058	BARRY	2699453451
48708	BAY	9898943000
48708	BAY	9898943000
48708	BAY	9898943000
48109	WASHTENAW	7347641505

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$32252.00	17
	\$17393.00	42
	\$6063.00 *	
	\$1068.00 *	
	\$17204.00	14
	\$13796.00 *	
	\$13761.00	13
	\$21323.00	37

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

230046	SYSTEM UNIVERSITY OF MICHIGAN HEALTH SYSTEM	DRIVE, SPC 5474 1500 E MEDICAL CENTER DRIVE, SPC 5474
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230046	UNIVERSITY OF MICHIGAN HEALTH SYSTEM	1500 E MEDICAL CENTER DRIVE, SPC 5474
230047	HENRY FORD MACOMB HOSPITAL	15855 NINETEEN MILE RD

230047	HENRY FORD MACOMB HOSPITAL	15855 NINETEEN MILE RD
230047	HENRY FORD MACOMB HOSPITAL	15855 NINETEEN MILE RD

# knee

Based on Hospital Medicare Payment And Volume Measures

ANN ARBOR MI

ANN ARBOR MI

CLINTON  
TOWNSHIP MI

CLINTON  
TOWNSHIP MI

CLINTON  
TOWNSHIP MI



# knee

Based on Hospital Medicare Payment And Volume Measures

48109	WASHTENAW	7347641505
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48109	WASHTENAW	7347641505
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48038	MACOMB	5862632300
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48038	MACOMB	5862632300
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48038	MACOMB	5862632300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$40418.00 \*

\$26588.00

46

\$14919.00 \*

\$17038.00 \*

\$14325.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

230053	HENRY FORD HOSPITAL	2799 W GRAND BLVD
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230053	HENRY FORD HOSPITAL	2799 W GRAND BLVD
--------	---------------------	-------------------

230053	HENRY FORD HOSPITAL	2799 W GRAND BLVD
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230054	MARQUETTE GENERAL HOSPITAL	420 WEST MAGNETIC STREET
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230054	MARQUETTE GENERAL HOSPITAL	420 WEST MAGNETIC STREET
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230054	MARQUETTE GENERAL HOSPITAL	420 WEST MAGNETIC STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

DETROIT MI

DETROIT MI

DETROIT MI

MARQUETTE MI

MARQUETTE MI

MARQUETTE MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48202	WAYNE	3139162600
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48202	WAYNE	3139162600
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48202	WAYNE	3139162600
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49855	MARQUETTE	9062289440
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49855	MARQUETTE	9062289440
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49855	MARQUETTE	9062289440
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$19905.00 \*

\$36335.00	14
------------	----

\$20923.00	40
------------	----

\$20720.00 \*

\$33997.00 \*

\$16573.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230058	MERCY HOSPITAL - GRAYLING	1100 E MICHIGAN AVE
230058	MERCY HOSPITAL - GRAYLING	1100 E MICHIGAN AVE
230059	SAINT MARY'S HEALTH CARE	200 JEFFERSON AVENUE SE
230059	SAINT MARY'S HEALTH CARE	200 JEFFERSON AVENUE SE
230059	SAINT MARY'S HEALTH CARE	200 JEFFERSON AVENUE SE
230066	MERCY HEALTH PARTNERS, HACKLEY CAMPUS	1700 CLINTON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

GRAYLING	MI
----------	----

GRAYLING	MI
----------	----

GRAND RAPIDS	MI
--------------	----

GRAND RAPIDS	MI
--------------	----

GRAND RAPIDS	MI
--------------	----

MUSKEGON	MI
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

49738	CRAWFORD	9893485461
-------	----------	------------

49738	CRAWFORD	9893485461
-------	----------	------------

49503	KENT	6166855000
-------	------	------------

49503	KENT	6166855000
-------	------	------------

49503	KENT	6166855000
-------	------	------------

49442	MUSKEGON	2317263511
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$19949.00	*
			\$18852.00	*
			\$14568.00	11
			\$18200.00	16
			\$22076.00	*
			\$15760.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230069	SAINT JOSEPH MERCY LIVINGSTON HOSPITAL	620 BYRON RD
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230069	SAINT JOSEPH MERCY LIVINGSTON HOSPITAL	620 BYRON RD
--------	---	--------------

230069	SAINT JOSEPH MERCY LIVINGSTON HOSPITAL	620 BYRON RD
--------	---	--------------

230070	COVENANT MEDICAL CENTER, INC	1447 N HARRISON
230070	COVENANT MEDICAL CENTER, INC	1447 N HARRISON

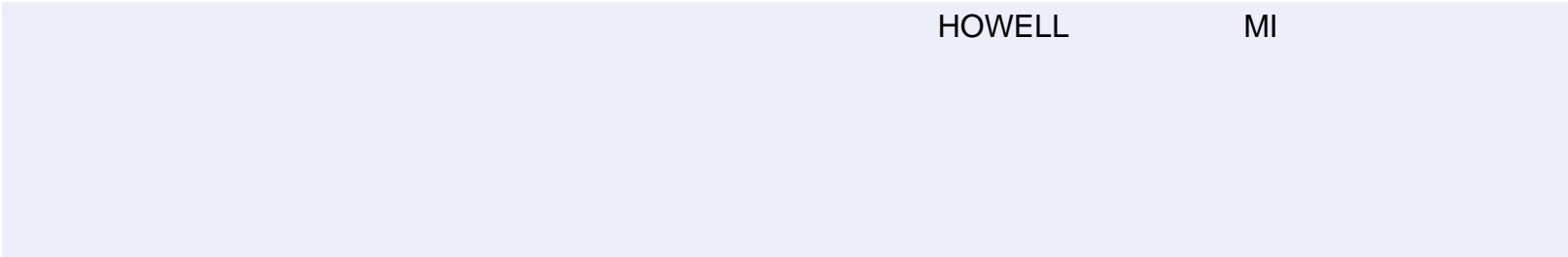
# knee

Based on Hospital Medicare Payment And Volume Measures



HOWELL

MI



HOWELL

MI



HOWELL

MI



SAGINAW

MI

SAGINAW

MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48843	LIVINGSTON	5175456000
-------	------------	------------

48843	LIVINGSTON	5175456000
-------	------------	------------

48843	LIVINGSTON	5175456000
-------	------------	------------

48602	SAGINAW	9895834000
-------	---------	------------

48602	SAGINAW	9895834000
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14331.00 \*

\$27589.00 \*

\$18600.00 \*

\$18855.00

33

\$28021.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230070	COVENANT MEDICAL CENTER, INC	1447 N HARRISON
230072	HOLLAND COMMUNITY HOSPITAL	602 MICHIGAN AVE

230072	HOLLAND COMMUNITY HOSPITAL	602 MICHIGAN AVE
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230072	HOLLAND COMMUNITY HOSPITAL	602 MICHIGAN AVE
--------	----------------------------	------------------

230075	BATTLE CREEK HEALTH SYSTEM	300 NORTH AVENUE
230075	BATTLE CREEK HEALTH SYSTEM	300 NORTH AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

SAGINAW	MI
---------	----

HOLLAND	MI
---------	----

HOLLAND	MI
---------	----

HOLLAND	MI
---------	----

BATTLE CREEK	MI
--------------	----

BATTLE CREEK	MI
--------------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

48602	SAGINAW	9895834000
49423	OTTAWA	6163925141

49423	OTTAWA	6163925141
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49423	OTTAWA	6163925141
-------	--------	------------

49017	CALHOUN	2699668000
49017	CALHOUN	2699668000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15082.00	55
	\$1068.00 *	
	\$27916.00 *	
	\$8376.00 *	
	\$15872.00	13
	\$21624.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

230075	BATTLE CREEK HEALTH SYSTEM	300 NORTH AVENUE
230077	ST MARY'S OF MICHIGAN MEDICAL CENTER	800 S WASHINGTON AVENU
230077	ST MARY'S OF MICHIGAN MEDICAL CENTER	800 S WASHINGTON AVENU
230077	ST MARY'S OF MICHIGAN MEDICAL CENTER	800 S WASHINGTON AVENU
230078	COMMUNITY HOSPITAL	400 MEDICAL PARK DR
230078	COMMUNITY HOSPITAL	400 MEDICAL PARK DR
230080	CENTRAL MICHIGAN COMMUNITY HOSPITAL	1221 SOUTH DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	BATTLE CREEK	MI
	SAGINAW	MI
	SAGINAW	MI
	SAGINAW	MI
	WATERVLIET	MI
	WATERVLIET	MI
	MOUNT PLEASANT	MI

# knee

Based on Hospital Medicare Payment And Volume Measures

49017	CALHOUN	2699668000
48601	SAGINAW	9897768000
48601	SAGINAW	9897768000
48601	SAGINAW	9897768000
49098	BERRIEN	2694633111
49098	BERRIEN	2694633111
48858	ISABELLA	9897726700

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15087.00	12
	\$15322.00	14
	\$28344.00 *	
	\$16111.00	16
	\$26244.00 *	
	\$14196.00 *	
	\$14006.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

230080	CENTRAL MICHIGAN COMMUNITY HOSPITAL	1221 SOUTH DRIVE
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230081	MERCY HOSPITAL - CADILLAC	400 HOBART ST
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230081	MERCY HOSPITAL - CADILLAC	400 HOBART ST
--------	---------------------------	---------------

230081	MERCY HOSPITAL - CADILLAC	400 HOBART ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

MOUNT  
PLEASANT MI

CADILLAC MI

CADILLAC MI

CADILLAC MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48858

ISABELLA

9897726700

49601

WEXFORD

2318767200

49601

WEXFORD

2318767200

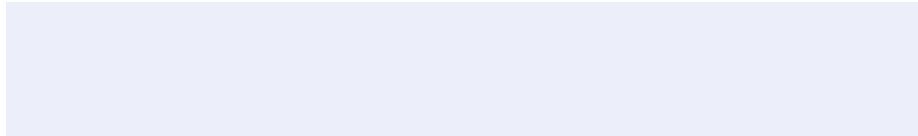
49601

WEXFORD

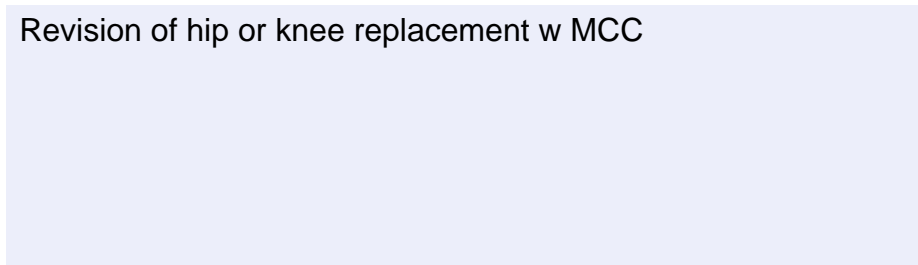
2318767200

# knee

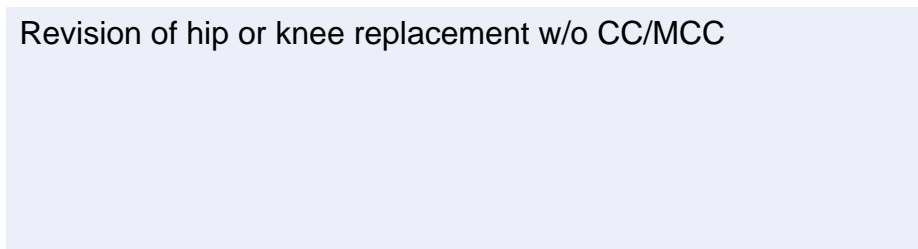
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25662.00 \*

\$29310.00 \*

\$14253.00 \*

\$13556.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230089	BEAUMONT HOSPITAL, GROSSE POINTE	468 CADIEUX RD
230089	BEAUMONT HOSPITAL, GROSSE POINTE	468 CADIEUX RD
230089	BEAUMONT HOSPITAL, GROSSE POINTE	468 CADIEUX RD
230092	ALLEGIANCE HEALTH	205 N EAST AVE
230092	ALLEGIANCE HEALTH	205 N EAST AVE
230093	MECOSTA COUNTY MEDICAL CENTER	605 OAK STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

GROSSE POINTE MI

GROSSE POINTE MI

GROSSE POINTE MI

JACKSON MI

JACKSON MI

BIG RAPIDS MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48230	WAYNE	3133431000
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48230	WAYNE	3133431000
-------	-------	------------

48230	WAYNE	3133431000
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49201	JACKSON	5177884800
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49201	JACKSON	5177884800
-------	---------	------------

49307	MECOSTA	2317968691
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14342.00	17
	\$17930.00	24
	\$26598.00 *	
	\$11730.00 *	
	\$14894.00 *	
	\$7558.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230093

MECOSTA COUNTY MEDICAL  
CENTER

605 OAK STREET

230095

WEST BRANCH REGIONAL MEDICAL  
CENTER

2463 SOUTH M-30

230095

WEST BRANCH REGIONAL MEDICAL  
CENTER

2463 SOUTH M-30

230095

WEST BRANCH REGIONAL MEDICAL  
CENTER

2463 SOUTH M-30

# knee

Based on Hospital Medicare Payment And Volume Measures

BIG RAPIDS MI

WEST BRANCH MI

WEST BRANCH MI

WEST BRANCH MI



# knee

Based on Hospital Medicare Payment And Volume Measures

49307

MECOSTA

2317968691

48661

OGEMAW

9893456366

48661

OGEMAW

9893456366

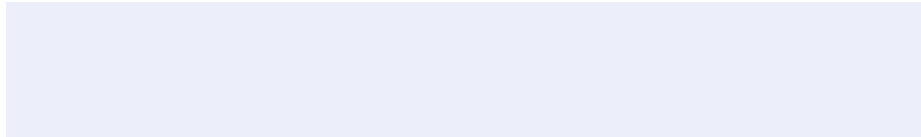
48661

OGEMAW

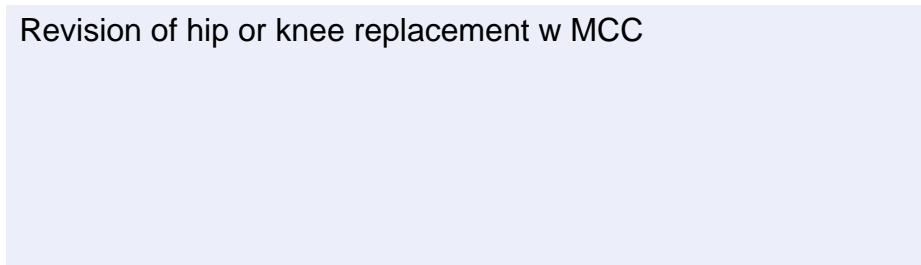
9893456366

# knee

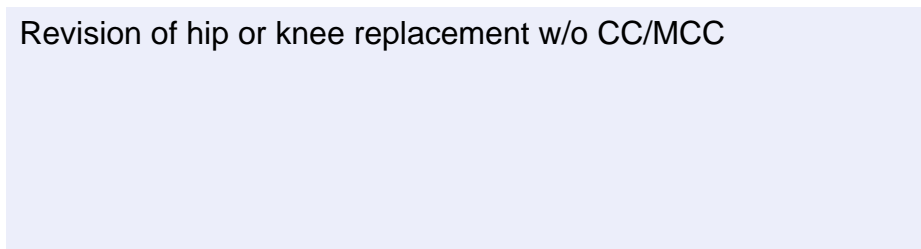
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14682.00 \*

\$24779.00 \*

\$18427.00 \*

\$13880.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230096	STURGIS HOSPITAL	916 MYRTLE AVE
230096	STURGIS HOSPITAL	916 MYRTLE AVE
230097	MUNSON MEDICAL CENTER	1105 SIXTH STREET
230097	MUNSON MEDICAL CENTER	1105 SIXTH STREET
230097	MUNSON MEDICAL CENTER	1105 SIXTH STREET
230099	MERCY MEMORIAL HOSPITAL SYSTEM	718 N MACOMB ST

# knee

Based on Hospital Medicare Payment And Volume Measures

STURGIS	MI
---------	----

STURGIS	MI
---------	----

TRAVERSE CITY	MI
---------------	----

TRAVERSE CITY	MI
---------------	----

TRAVERSE CITY	MI
---------------	----

MONROE	MI
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

49091	SAINT JOSEPH	2696517824
-------	--------------	------------

49091	SAINT JOSEPH	2696517824
-------	--------------	------------

49684	GRAND TRAVERSE	2319355000
-------	----------------	------------

49684	GRAND TRAVERSE	2319355000
-------	----------------	------------

49684	GRAND TRAVERSE	2319355000
-------	----------------	------------

48162	MONROE	7342408400
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14748.00 \*

\$18274.00 \*

\$11550.00

21

\$18462.00 \*

\$9780.00

13

\$14492.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

230100	TAWAS ST JOSEPH HOSPITAL	200 HEMLOCK M-55
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230104	HARPER UNIVERSITY HOSPITAL	3990 JOHN R STREET
--------	----------------------------	--------------------

230104	HARPER UNIVERSITY HOSPITAL	3990 JOHN R STREET
--------	----------------------------	--------------------

230105	NORTHERN MICHIGAN REGIONAL HOSPITAL	416 CONNABLE AVE
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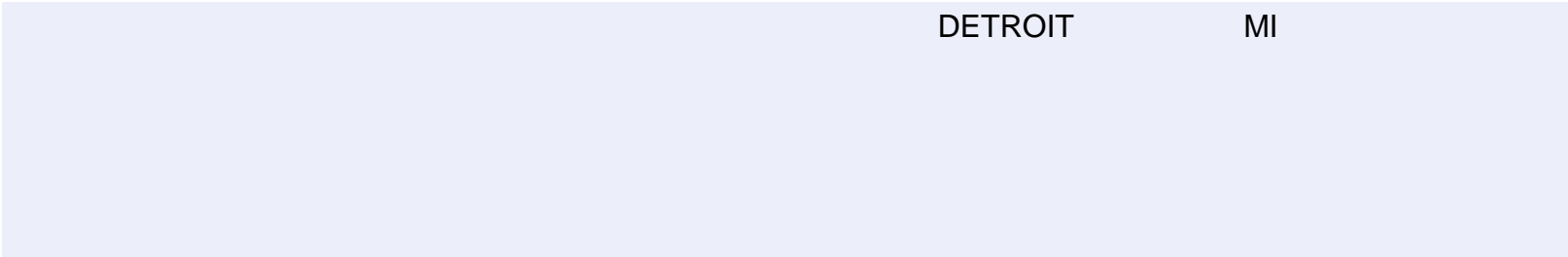
230105	NORTHERN MICHIGAN REGIONAL	416 CONNABLE AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures



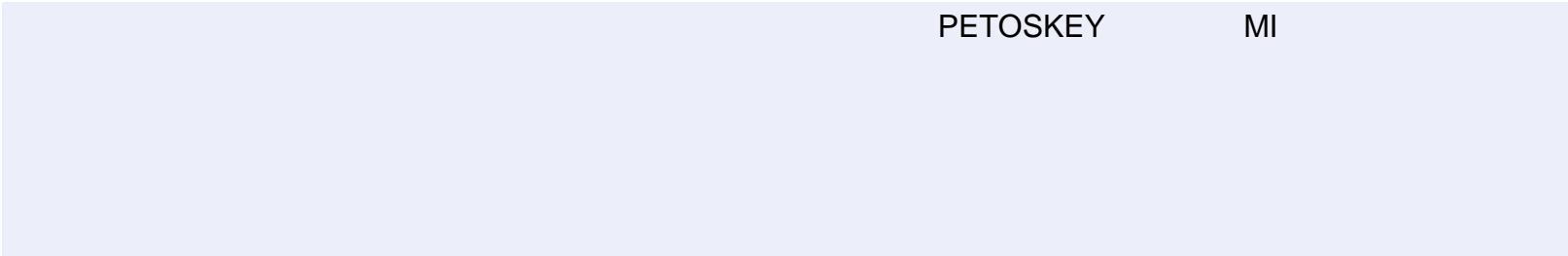
TAWAS CITY MI



DETROIT MI



DETROIT MI



PETOSKEY MI



PETOSKEY MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48763	IOSCO	9893629301
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48201	WAYNE	3137456211
-------	-------	------------

48201	WAYNE	3137456211
-------	-------	------------

49770	EMMET	2314874000
-------	-------	------------

49770	EMMET	2314874000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$13695.00 \*

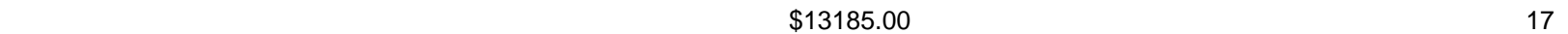


\$24252.00 \*



\$3921.00 \*

\$15459.00 \*



\$13185.00

17

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230105	HOSPITAL NORTHERN MICHIGAN REGIONAL HOSPITAL	416 CONNABLE AVE
--------	--	------------------

230106	SPECTRUM HEALTH GERBER MEMORIAL	212 S SULLIVAN ST
--------	------------------------------------	-------------------

230106	SPECTRUM HEALTH GERBER MEMORIAL	212 S SULLIVAN ST
--------	------------------------------------	-------------------

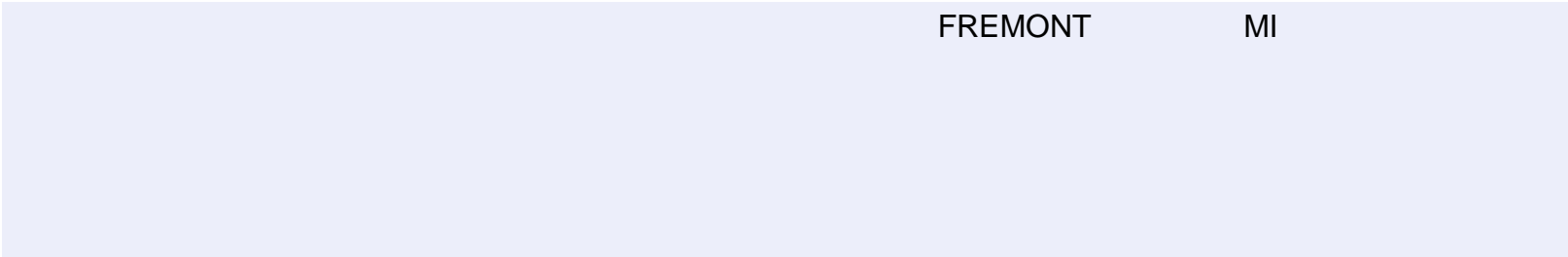
230110	MEMORIAL MEDICAL CENTER OF WEST MICHIGAN	1 N ATKINSON DRIVE
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230110	MEMORIAL MEDICAL CENTER OF	1 N ATKINSON DRIVE
--------	----------------------------	--------------------

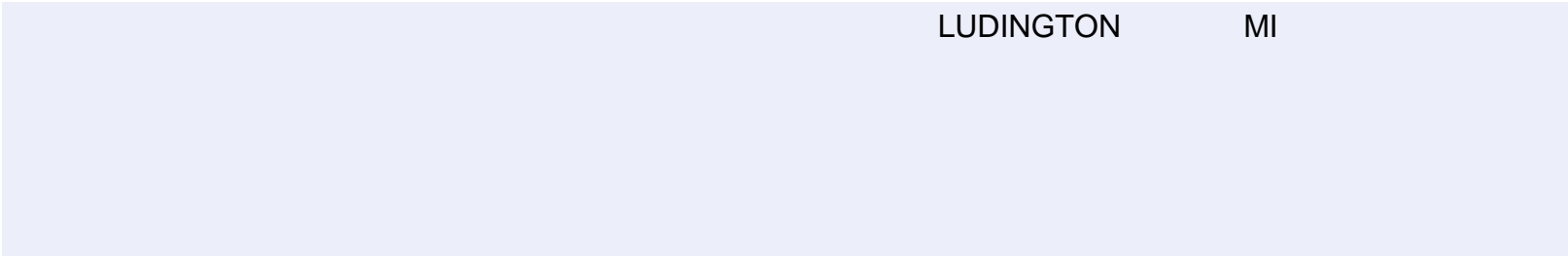
# knee

Based on Hospital Medicare Payment And Volume Measures

PETOSKEY MI



FREMONT MI



LUDINGTON MI

# knee

Based on Hospital Medicare Payment And Volume Measures

49770

EMMET

2314874000

49412

NEWAYGO

2319243300

49412

NEWAYGO

2319243300

49431

MASON

2318432591

49431

MASON

2318432591

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$44435.00 \*

\$15870.00 \*

\$12391.00 \*

\$37333.00 \*

\$13666.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## WEST MICHIGAN

230117

BORGESS MEDICAL CENTER

1521 GULL ROAD

230117

BORGESS MEDICAL CENTER

1521 GULL ROAD

230117

BORGESS MEDICAL CENTER

1521 GULL ROAD

230118

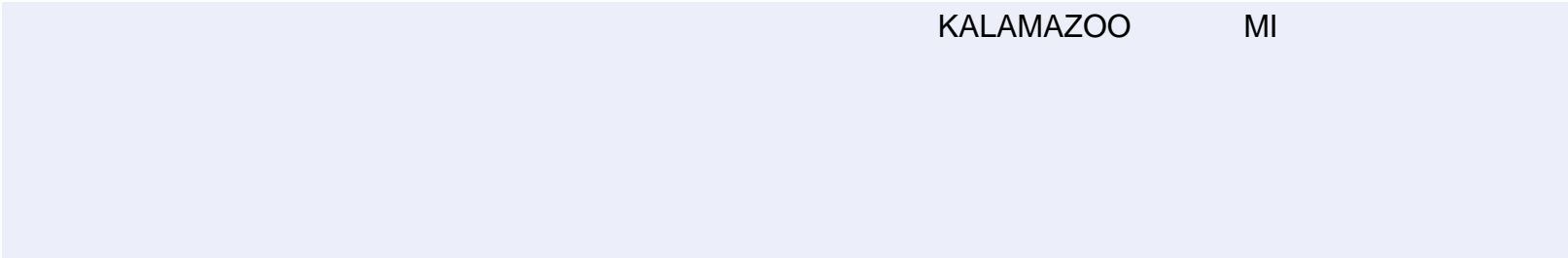
HURON MEDICAL CENTER

1100 SOUTH VAN DYKE  
ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

KALAMAZOO MI



KALAMAZOO MI





# knee

Based on Hospital Medicare Payment And Volume Measures

49048

KALAMAZOO

2692267000

49048

KALAMAZOO

2692267000

49048

KALAMAZOO

2692267000

48413

HURON

9892699521

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16896.00 \*

\$31330.00 \*

\$9827.00 \*

\$13887.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

230121	MEMORIAL HEALTHCARE	826 WEST KING STREET
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230121	MEMORIAL HEALTHCARE	826 WEST KING STREET
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230121	MEMORIAL HEALTHCARE	826 WEST KING STREET
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230130	WILLIAM BEAUMONT HOSPITAL	3601 W THIRTEEN MILE RD
230130	WILLIAM BEAUMONT HOSPITAL	3601 W THIRTEEN MILE RD
230130	WILLIAM BEAUMONT HOSPITAL	3601 W THIRTEEN MILE RD
230132	HURLEY MEDICAL CENTER	ONE HURLEY PLAZA

# knee

Based on Hospital Medicare Payment And Volume Measures

OWOSSO	MI
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OWOSSO	MI
--------	----

OWOSSO	MI
--------	----

ROYAL OAK	MI
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ROYAL OAK	MI
-----------	----

ROYAL OAK	MI
-----------	----

FLINT	MI
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# knee

Based on Hospital Medicare Payment And Volume Measures

48867	SHIAWASSEE	9897235211
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48867	SHIAWASSEE	9897235211
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48867	SHIAWASSEE	9897235211
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48073	OAKLAND	2488985000
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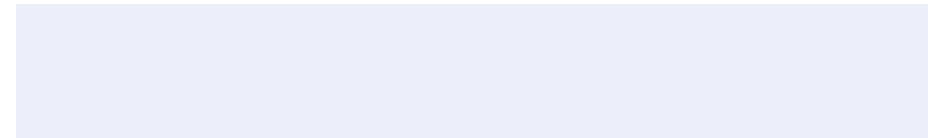
48073	OAKLAND	2488985000
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48073	OAKLAND	2488985000
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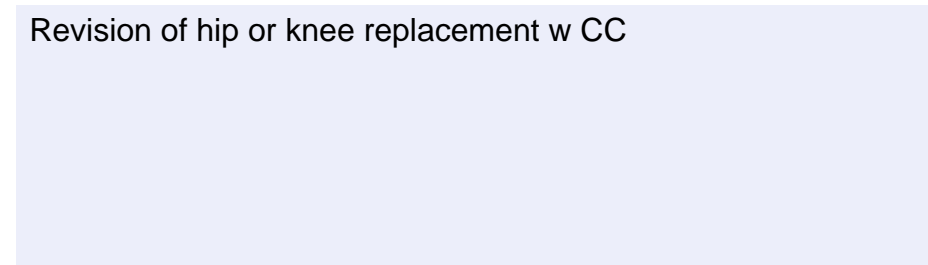
48503	GENESEE	8102579000
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

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\$14444.00 \*

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\$15048.00 \*

\$26510.00 \*

	\$30445.00	29
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\$20521.00 125

	\$16414.00	34
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\$21862.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230132

HURLEY MEDICAL CENTER

ONE HURLEY PLAZA

230132

HURLEY MEDICAL CENTER

ONE HURLEY PLAZA

230133

OTSEGO MEMORIAL HOSPITAL

825 N CENTER AVE

230133

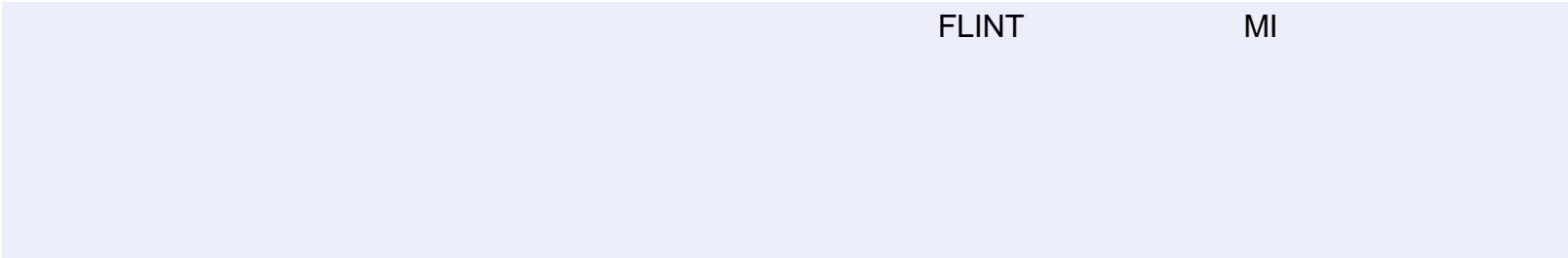
OTSEGO MEMORIAL HOSPITAL

825 N CENTER AVE

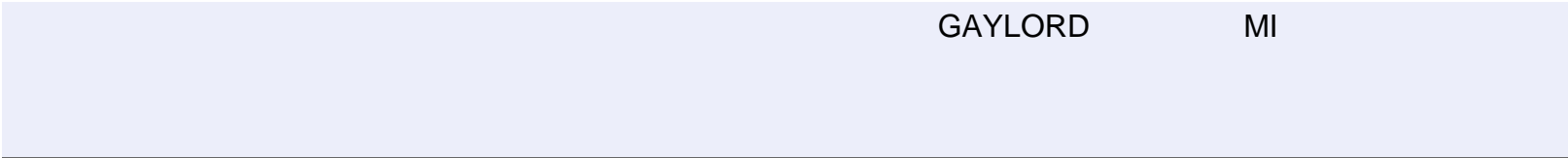
# knee

Based on Hospital Medicare Payment And Volume Measures

FLINT MI



GAYLORD MI



# knee

Based on Hospital Medicare Payment And Volume Measures

48503

GENESEE

8102579000

48503

GENESEE

8102579000

49735

OTSEGO

9897312100

49735

OTSEGO

9897312100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27332.00 \*

\$56928.00 \*

\$14470.00 \*

\$13883.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

230141	MCLAREN REGIONAL MEDICAL CENTER	401 S BALLENGER HIGHWAY
230141	MCLAREN REGIONAL MEDICAL CENTER	401 S BALLENGER HIGHWAY
230141	MCLAREN REGIONAL MEDICAL CENTER	401 S BALLENGER HIGHWAY
230142	OAKWOOD ANNAPOLIS HOSPITAL	33155 ANNAPOLIS AVE
230142	OAKWOOD ANNAPOLIS HOSPITAL	33155 ANNAPOLIS AVE
230142	OAKWOOD ANNAPOLIS HOSPITAL	33155 ANNAPOLIS AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

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FLINT	MI
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FLINT	MI
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FLINT	MI
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WAYNE	MI
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WAYNE	MI
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WAYNE	MI
-------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

48532	GENESEE	8103422000
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48532	GENESEE	8103422000
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48532	GENESEE	8103422000
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48184	WAYNE	7344674175
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48184	WAYNE	7344674175
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48184	WAYNE	7344674175
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$1821.00	12
	\$20862.00	24
	\$30974.00 *	
	\$28395.00 *	
	\$19113.00 *	
	\$7740.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
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small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

230146

HENRY FORD WYANDOTTE  
HOSPITAL

2333 BIDDLE AVE

230146

HENRY FORD WYANDOTTE  
HOSPITAL

2333 BIDDLE AVE

230151

BOTSFORD HOSPITAL

28050 GRAND RIVER  
AVENUE

230151

BOTSFORD HOSPITAL

28050 GRAND RIVER  
AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

WYANDOTTE MI

WYANDOTTE MI

FARMINGTON  
HILLS MI

FARMINGTON  
HILLS MI



# knee

Based on Hospital Medicare Payment And Volume Measures

48192	WAYNE	7342466000
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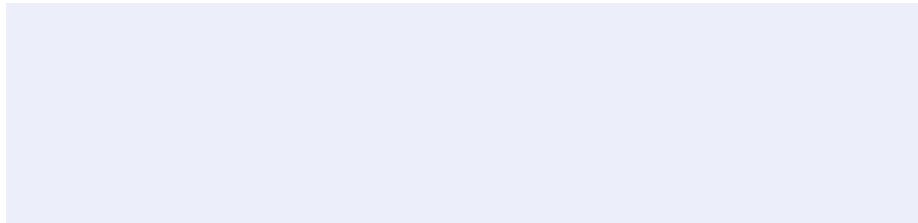
48192	WAYNE	7342466000
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48336	OAKLAND	2484718000
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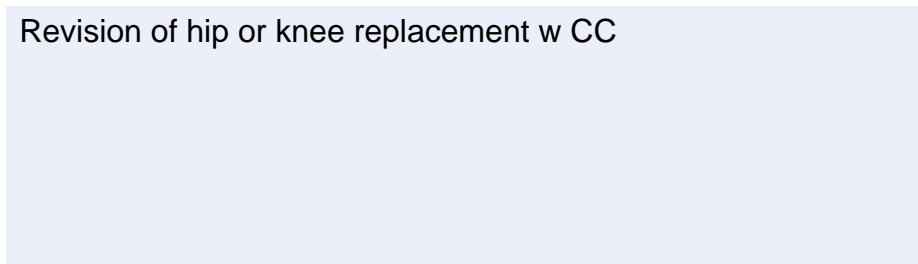
48336	OAKLAND	2484718000
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# knee

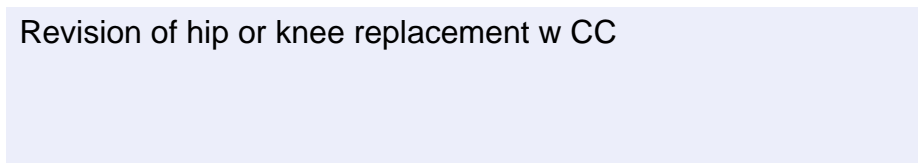
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



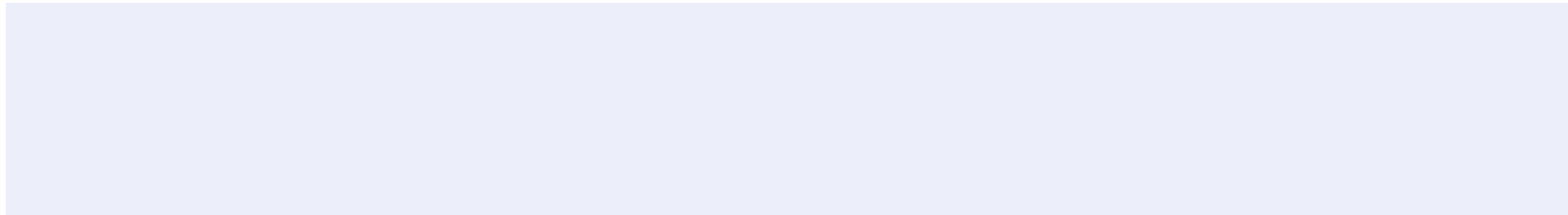
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$15268.00 \*



\$19237.00 \*



\$19394.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

230151	BOTSFORD HOSPITAL	28050 GRAND RIVER AVENUE
230156	ST JOSEPH MERCY HOSPITAL	5301 E HURON RIVER DR
230156	ST JOSEPH MERCY HOSPITAL	5301 E HURON RIVER DR
230156	ST JOSEPH MERCY HOSPITAL	5301 E HURON RIVER DR
230165	ST JOHN HOSPITAL AND MEDICAL CENTER	22101 MOROSS RD
230165	ST JOHN HOSPITAL AND MEDICAL CENTER	22101 MOROSS RD
230165	ST JOHN HOSPITAL AND MEDICAL CENTER	22101 MOROSS RD

# knee

Based on Hospital Medicare Payment And Volume Measures

FARMINGTON  
HILLS MI

ANN ARBOR MI

ANN ARBOR MI

ANN ARBOR MI

DETROIT MI

DETROIT MI

DETROIT MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48336	OAKLAND	2484718000
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48106	WASHTENAW	7347123791
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48106	WASHTENAW	7347123791
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48106	WASHTENAW	7347123791
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48236	WAYNE	3133434000
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48236	WAYNE	3133434000
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48236	WAYNE	3133434000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

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\$18616.00 \*

	\$15772.00	25
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\$19718.00 66

	\$27836.00	11
--	------------	----

\$31869.00 \*

	\$22520.00 *	
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\$14131.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

230167	INGHAM REGIONAL MEDICAL CENTER	401 W GREENLAWN AVE
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230167	INGHAM REGIONAL MEDICAL CENTER	401 W GREENLAWN AVE
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230167	INGHAM REGIONAL MEDICAL CENTER	401 W GREENLAWN AVE
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230174	NORTH OTTAWA COMMUNITY HOSPITAL	1309 SHELDON RD
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230174	NORTH OTTAWA COMMUNITY HOSPITAL	1309 SHELDON RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

LANSING MI

LANSING MI

LANSING MI

GRAND HAVEN MI

GRAND HAVEN MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48910	INGHAM	5179756000
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48910	INGHAM	5179756000
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48910	INGHAM	5179756000
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49417	OTTAWA	6168423600
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49417	OTTAWA	6168423600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15743.00 54

\$16418.00 55

\$15762.00 \*

\$9248.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

230176	OAKWOOD SOUTHSORE MEDICAL CENTER	5450 FORT STREET
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230176	OAKWOOD SOUTHSORE MEDICAL CENTER	5450 FORT STREET
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230176	OAKWOOD SOUTHSORE MEDICAL CENTER	5450 FORT STREET
--------	----------------------------------	------------------

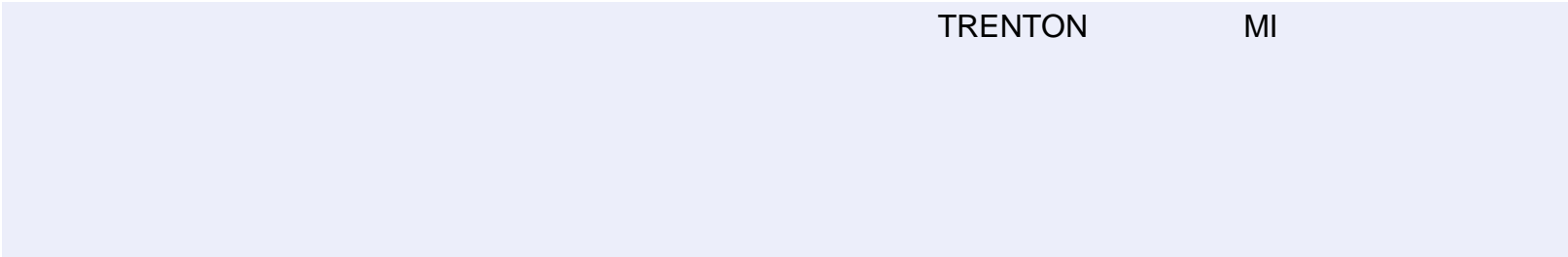
230180	MIDMICHIGAN MEDICAL CENTER-CLARE	703 N MCEWAN ST
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230180	MIDMICHIGAN MEDICAL CENTER-	703 N MCEWAN ST
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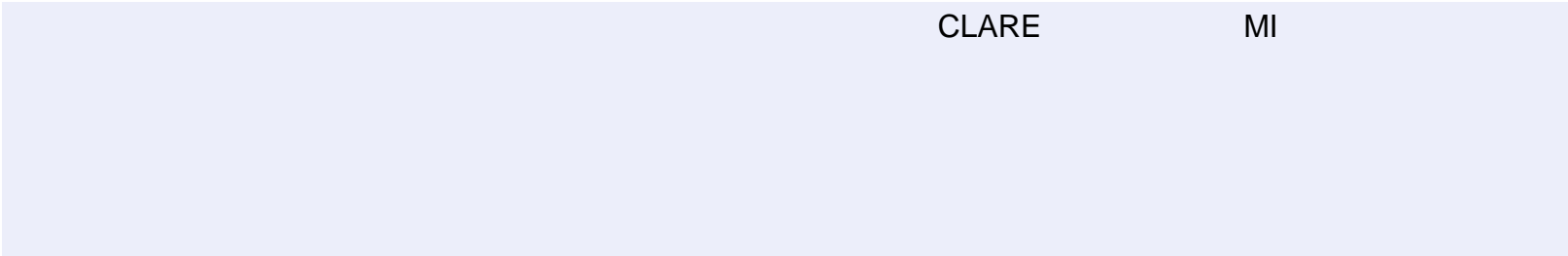
# knee

Based on Hospital Medicare Payment And Volume Measures

TRENTON MI



TRENTON MI



CLARE MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48183                      WAYNE                      7346713800

48183                      WAYNE                      7346713800

48183                      WAYNE                      7346713800

48617                      CLARE                      9898025000

48617                      CLARE                      9898025000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15299.00 \*

\$15939.00 \*

\$21588.00 \*

\$14466.00 \*

\$11698.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CLARE

230193	LAPEER REGIONAL MEDICAL CENTER	1375 N MAIN ST
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230193	LAPEER REGIONAL MEDICAL CENTER	1375 N MAIN ST
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230195	ST JOHN MACOMB-OAKLAND HOSPITAL-MACOMB CENTER	11800 EAST TWELVE MILE ROAD
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230195	ST JOHN MACOMB-OAKLAND HOSPITAL-MACOMB CENTER	11800 EAST TWELVE MILE ROAD
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230195	ST JOHN MACOMB-OAKLAND HOSPITAL-MACOMB CENTER	11800 EAST TWELVE MILE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

	LAPEER	MI
	LAPEER	MI
	WARREN	MI
	WARREN	MI
	WARREN	MI



# knee

Based on Hospital Medicare Payment And Volume Measures

48446	LAPEER	8106675500
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48446	LAPEER	8106675500
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48093	MACOMB	5865735000
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48093	MACOMB	5865735000
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48093	MACOMB	5865735000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14583.00 \*

\$15204.00 \*

\$29193.00

11

\$19682.00

24

\$13252.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

230197	GENESYS REGIONAL MEDICAL CENTER - HEALTH PARK	ONE GENESYS PARKWAY
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230197	GENESYS REGIONAL MEDICAL CENTER - HEALTH PARK	ONE GENESYS PARKWAY
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230197	GENESYS REGIONAL MEDICAL CENTER - HEALTH PARK	ONE GENESYS PARKWAY
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230207	POH MEDICAL CENTER	50 NORTH PERRY
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230207	POH MEDICAL CENTER	50 NORTH PERRY
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# knee

Based on Hospital Medicare Payment And Volume Measures

GRAND BLANC MI

GRAND BLANC MI

GRAND BLANC MI

PONTIAC MI

PONTIAC MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48439	GENESEE	8106065000
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48439	GENESEE	8106065000
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48439	GENESEE	8106065000
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48342	OAKLAND	2483385000
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48342	OAKLAND	2483385000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17775.00 \*

\$22223.00

22

\$4482.00 \*

\$37613.00 \*

\$18465.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

230208	CARSON CITY HOSPITAL	406 EAST ELM ST
230212	SAINT JOSEPH MERCY SALINE HOSPITAL	400 W RUSSELL ST
230216	PORT HURON HOSPITAL	1221 PINE GROVE AVE
230216	PORT HURON HOSPITAL	1221 PINE GROVE AVE
230216	PORT HURON HOSPITAL	1221 PINE GROVE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

CARSON CITY MI

SALINE MI

PORT HURON MI

PORT HURON MI

PORT HURON MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48811	MONTCALM	9895843131
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48176	WASHTENAW	7344291500
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48060	SAINT CLAIR	8109875000
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48060	SAINT CLAIR	8109875000
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48060	SAINT CLAIR	8109875000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14557.00 \*

\$14573.00 \*

\$17888.00

11

\$18110.00 \*

\$14393.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230217	OAKLAWN HOSPITAL	200 N MADISON
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230217	OAKLAWN HOSPITAL	200 N MADISON
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230222	MIDMICHIGAN MEDICAL CENTER- MIDLAND	4005 ORCHARD DRIVE
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230222	MIDMICHIGAN MEDICAL CENTER- MIDLAND	4005 ORCHARD DRIVE
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230222	MIDMICHIGAN MEDICAL CENTER- MIDLAND	4005 ORCHARD DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MARSHALL MI

MARSHALL MI

MIDLAND MI

MIDLAND MI

MIDLAND MI

# knee

Based on Hospital Medicare Payment And Volume Measures

49068	CALHOUN	2697814271
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49068	CALHOUN	2697814271
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48670	MIDLAND	9898393000
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48670	MIDLAND	9898393000
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48670	MIDLAND	9898393000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26383.00 \*

\$17788.00 \*

\$16505.00 \*

\$28699.00 \*

\$15477.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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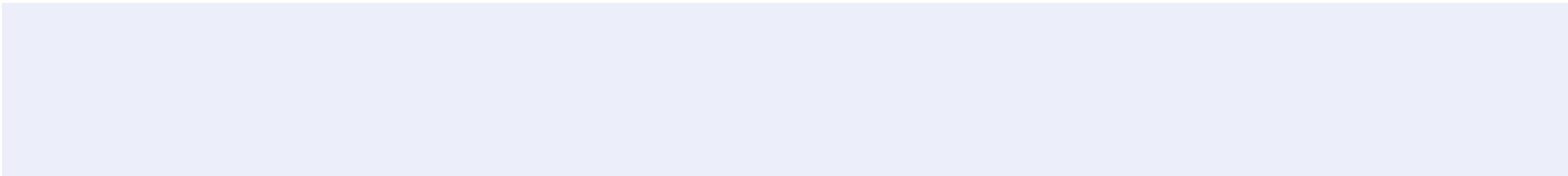
# knee

Based on Hospital Medicare Payment And Volume Measures

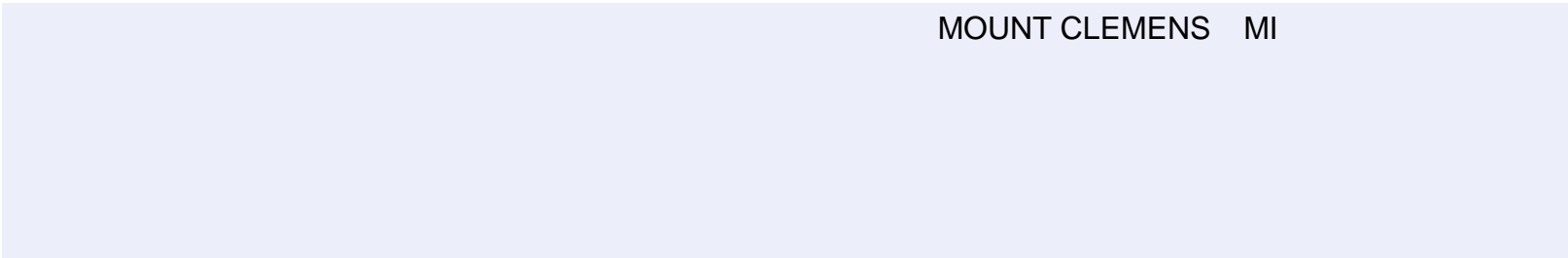
230227	MOUNT CLEMENS REGIONAL MEDICAL CENTER	1000 HARRINGTON BLVD
230227	MOUNT CLEMENS REGIONAL MEDICAL CENTER	1000 HARRINGTON BLVD
230227	MOUNT CLEMENS REGIONAL MEDICAL CENTER	1000 HARRINGTON BLVD
230230	EDWARD W SPARROW HOSPITAL	1215 E MICHIGAN AVENUE
230230	EDWARD W SPARROW HOSPITAL	1215 E MICHIGAN AVENUE
230230	EDWARD W SPARROW HOSPITAL	1215 E MICHIGAN AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures



MOUNT CLEMENS MI



MOUNT CLEMENS MI



LANSING MI



LANSING MI



LANSING MI



# knee

Based on Hospital Medicare Payment And Volume Measures

48043	MACOMB	5864938000
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48043	MACOMB	5864938000
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48043	MACOMB	5864938000
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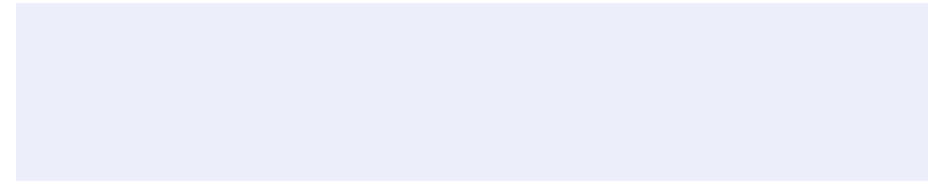
48912	INGHAM	5173645000
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48912	INGHAM	5173645000
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48912	INGHAM	5173645000
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$8583.00 *		
			\$9278.00 *		
			\$18006.00		14
			\$19651.00		22
			\$31795.00 *		
			\$17127.00		20

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230236	METRO HEALTH HOSPITAL	5900 BYRON CENTER AVENUE, SW
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230236	METRO HEALTH HOSPITAL	5900 BYRON CENTER AVENUE, SW
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230239	CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL	500 OSBORN BLVD
--------	---------------------------------------	-----------------

230239	CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL	500 OSBORN BLVD
--------	---------------------------------------	-----------------

230241	ST JOHN RIVER DISTRICT HOSPITAL	4100 RIVER RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WYOMING MI

WYOMING MI

SAULT SAINTE  
MARIE MI

SAULT SAINTE  
MARIE MI

EAST CHINA MI

# knee

Based on Hospital Medicare Payment And Volume Measures

49519	KENT	6162527200
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49519	KENT	6162527200
-------	------	------------

49783	CHIPPEWA	9066354460
-------	----------	------------

49783	CHIPPEWA	9066354460
-------	----------	------------

48054	SAINT CLAIR	8103297111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$1856.00 \*

\$12295.00 \*

\$16773.00 \*

\$42484.00 \*

\$14552.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

230244	GARDEN CITY HOSPITAL	6245 INKSTER RD
230244	GARDEN CITY HOSPITAL	6245 INKSTER RD
230244	GARDEN CITY HOSPITAL	6245 INKSTER RD
230254	CRITTENTON HOSPITAL MEDICAL CENTER	1101 W UNIVERSITY DRIVE
230254	CRITTENTON HOSPITAL MEDICAL CENTER	1101 W UNIVERSITY DRIVE
230254	CRITTENTON HOSPITAL MEDICAL CENTER	1101 W UNIVERSITY DRIVE
230259	CHELSEA COMMUNITY HOSPITAL	775 S MAIN ST

# knee

Based on Hospital Medicare Payment And Volume Measures

	GARDEN CITY	MI
	GARDEN CITY	MI
	GARDEN CITY	MI
	ROCHESTER	MI
	ROCHESTER	MI
	ROCHESTER	MI
	CHELSEA	MI

# knee

Based on Hospital Medicare Payment And Volume Measures

48135	WAYNE	7344213300
48135	WAYNE	7344213300
48135	WAYNE	7344213300
48307	OAKLAND	2486525000
48307	OAKLAND	2486525000
48307	OAKLAND	2486525000
48118	WASHTENAW	7344753911

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21310.00	14
	\$28765.00 *	
	\$17045.00	18
	\$14346.00	16
	\$26603.00 *	
	\$17936.00	13
	\$17488.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

230259	CHELSEA COMMUNITY HOSPITAL	775 S MAIN ST
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230259	CHELSEA COMMUNITY HOSPITAL	775 S MAIN ST
--------	----------------------------	---------------

230269	WILLIAM BEAUMONT HOSPITAL- TROY	44201 DEQUINDRE ROAD
--------	------------------------------------	----------------------

230269	WILLIAM BEAUMONT HOSPITAL- TROY	44201 DEQUINDRE ROAD
--------	------------------------------------	----------------------

230269	WILLIAM BEAUMONT HOSPITAL- TROY	44201 DEQUINDRE ROAD
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230270	OAKWOOD HERITAGE HOSPITAL	10000 TELEGRAPH ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

CHELSEA MI

CHELSEA	MI
---------	----

TROY MI

TROY	MI
------	----

TROY MI

TAYLOR	MI
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

48118	WASHTENAW	7344753911
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48118	WASHTENAW	7344753911
-------	-----------	------------

48085	OAKLAND	2489648800
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48085	OAKLAND	2489648800
-------	---------	------------

48085	OAKLAND	2489648800
-------	---------	------------

48180	WAYNE	3132955253
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21031.00 \*

\$13988.00 \*

\$14747.00

16

\$700.00 \*

\$15364.00

33

\$15357.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
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health information due to the  
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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

230270	OAKWOOD HERITAGE HOSPITAL	10000 TELEGRAPH ROAD
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230270	OAKWOOD HERITAGE HOSPITAL	10000 TELEGRAPH ROAD
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230273	DETROIT RECEIVING HOSPITAL & UNIV HEALTH CENTER	4201 ST ANTOINE ST - 3M
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230273	DETROIT RECEIVING HOSPITAL & UNIV HEALTH CENTER	4201 ST ANTOINE ST - 3M
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# knee

Based on Hospital Medicare Payment And Volume Measures

TAYLOR MI

TAYLOR MI

DETROIT MI

DETROIT MI



# knee

Based on Hospital Medicare Payment And Volume Measures

48180	WAYNE	3132955253
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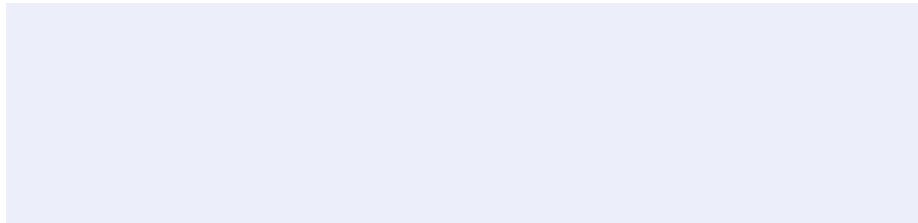
48180	WAYNE	3132955253
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48201	WAYNE	3137453104
-------	-------	------------

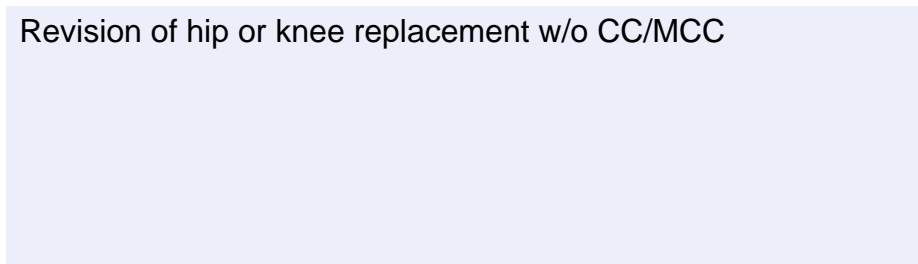
48201	WAYNE	3137453104
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# knee

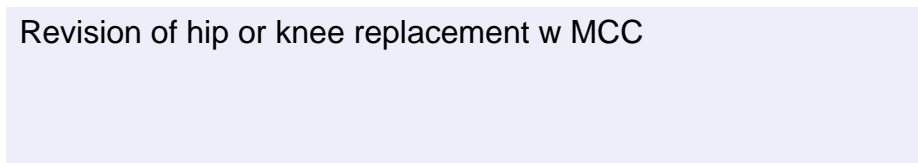
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



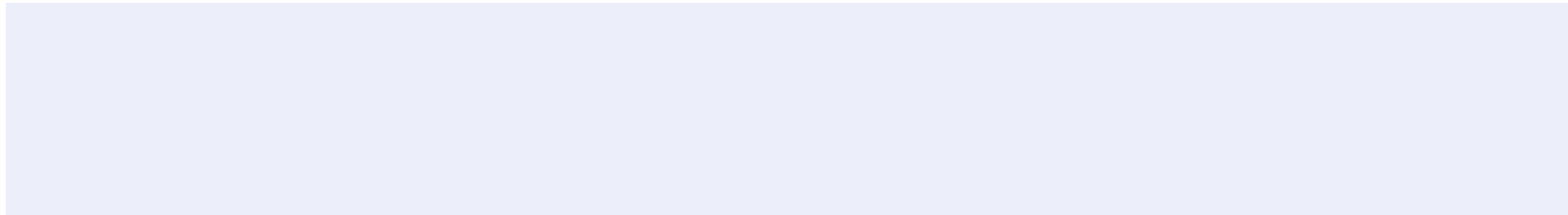
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$22467.00 \*



\$14468.00 \*



\$42466.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

230273	DETROIT RECEIVING HOSPITAL & UNIV HEALTH CENTER	4201 ST ANTOINE ST - 3M
230277	HURON VALLEY-SINAI HOSPITAL	ONE WILLIAM CARLS DRIVE
230277	HURON VALLEY-SINAI HOSPITAL	ONE WILLIAM CARLS DRIVE
230302	HENRY FORD WEST BLOOMFIELD HOSPITAL	6777 WEST MAPLE ROAD
230302	HENRY FORD WEST BLOOMFIELD HOSPITAL	6777 WEST MAPLE ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

DETROIT	MI
---------	----

COMMERCE TOWNSHIP	MI
----------------------	----

COMMERCE TOWNSHIP	MI
----------------------	----

W BLOOMFIELD	MI
--------------	----

W BLOOMFIELD	MI
--------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

48201	WAYNE	3137453104
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48382	OAKLAND	2489373370
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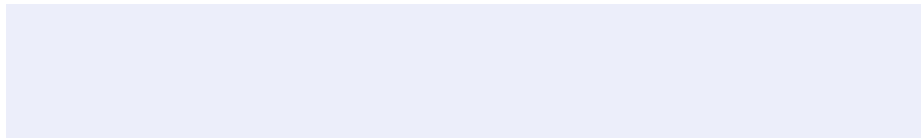
48382	OAKLAND	2489373370
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48322	OAKLAND	2483251000
-------	---------	------------

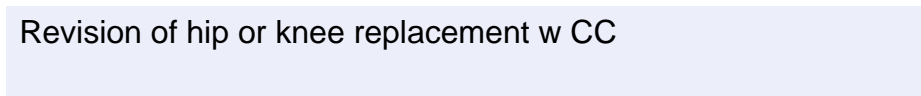
48322	OAKLAND	2483251000
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# knee

Based on Hospital Medicare Payment And Volume Measures

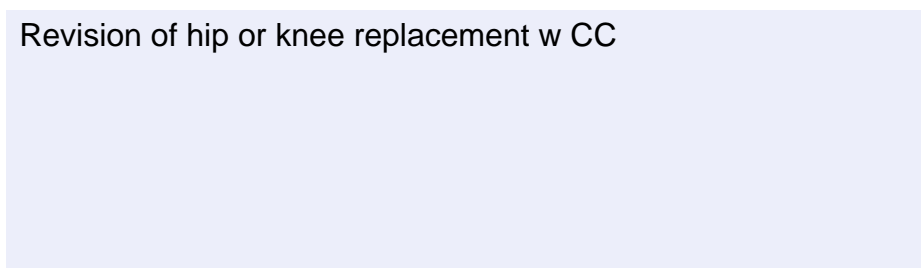


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$27938.00 \*



\$15824.00

14

\$15182.00 \*



\$25989.00 \*

\$6322.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

ROBBINSDALE MN

ROBBINSDALE MN

ROBBINSDALE MN

DULUTH MN

DULUTH MN

DULUTH MN

MINNEAPOLIS MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55422	HENNEPIN	7635205200
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55422	HENNEPIN	7635205200
-------	----------	------------

55422	HENNEPIN	7635205200
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55805	SAINT LOUIS	2187864000
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55805	SAINT LOUIS	2187864000
-------	-------------	------------

55805	SAINT LOUIS	2187864000
-------	-------------	------------

55415	HENNEPIN	6128733000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15707.00 23

\$16364.00 23

\$17711.00 \*

\$26949.00 \*

\$19208.00 17

\$15417.00 12

\$25476.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
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240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
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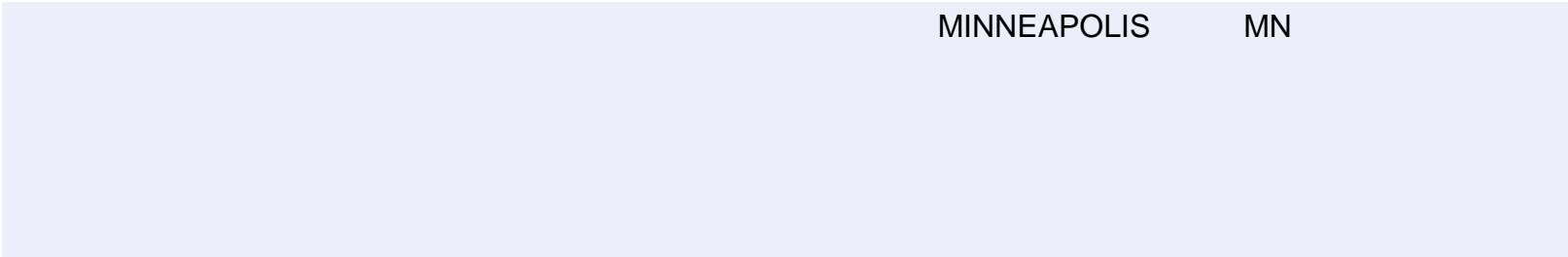
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
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240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
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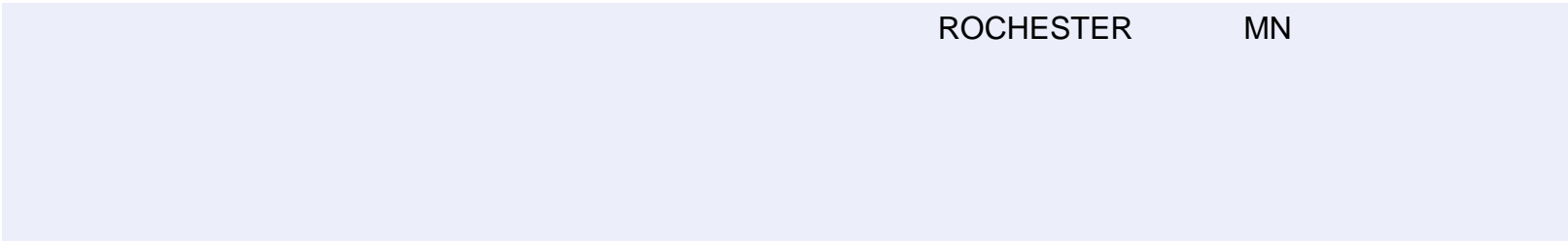
# knee

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS MN



ROCHESTER MN



# knee

Based on Hospital Medicare Payment And Volume Measures

55415

HENNEPIN

6128733000

55415

HENNEPIN

6128733000

55904

OLMSTED

5075296600

55904

OLMSTED

5075296600

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$31603.00 \*

\$47242.00 \*

\$20129.00 \*

\$16101.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
--------	---------------------------------------	----------------------------

240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
--------	---------------------------------------	----------------------------

240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
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240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
--------	---------------------	-------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER

MN

ROCHESTER

MN

ROCHESTER

MN

NORTHFIELD

MN

NORTHFIELD

MN



# knee

Based on Hospital Medicare Payment And Volume Measures

55902	OLMSTED	5072555123
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55902	OLMSTED	5072555123
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55902	OLMSTED	5072555123
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55057	RICE	5076461000
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55057	RICE	5076461000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17622.00 \*

\$22031.00

14

\$32677.00 \*

\$18570.00 \*

\$1024.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
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240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
--------	----------------------------	--------------------------------------

240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
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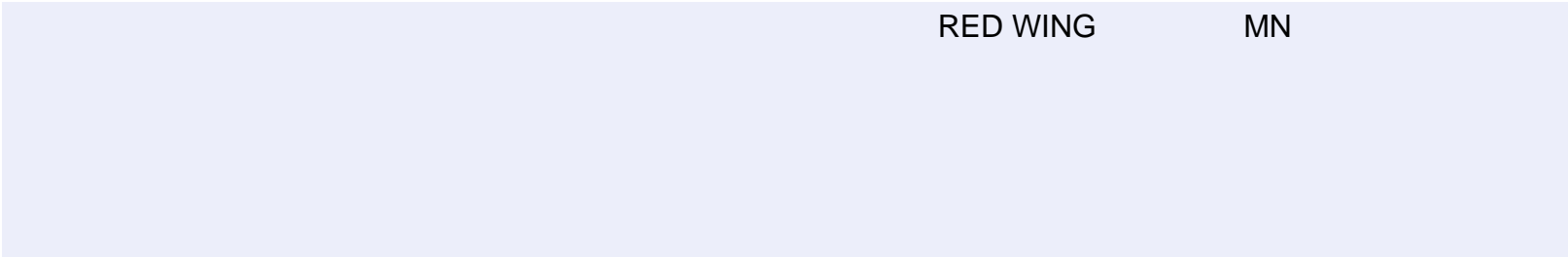
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
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240022	SANFORD WORTHINGTON MEDICAL	1018 SIXTH AVENUE PO BOX
--------	-----------------------------	--------------------------

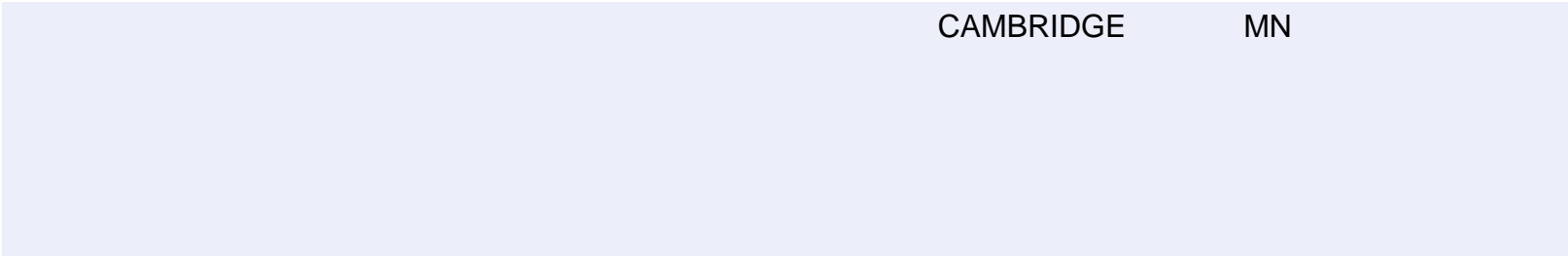
# knee

Based on Hospital Medicare Payment And Volume Measures

RED WING MN



CAMBRIDGE MN



WORTHINGTON MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55066

GOODHUE

6512675000

55066

GOODHUE

6512675000

55008

ISANTI

7636897700

55008

ISANTI

7636897700

56187

NOBLES

5073722941

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13824.00 \*

\$17283.00 \*

\$28190.00 \*

\$15838.00 \*

\$17813.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

CENTER

997

240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240036	ST CLOUD HOSPITAL	1406 6TH AVE NORTH

240036	ST CLOUD HOSPITAL	1406 6TH AVE NORTH
240036	ST CLOUD HOSPITAL	1406 6TH AVE NORTH
240038	UNITED HOSPITAL	333 NORTH SMITH

240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH

# knee

Based on Hospital Medicare Payment And Volume Measures

ALEXANDRIA MN

ALEXANDRIA MN

SAINT CLOUD MN

SAINT CLOUD MN

SAINT CLOUD MN

SAINT PAUL MN

SAINT PAUL MN

SAINT PAUL MN

# knee

Based on Hospital Medicare Payment And Volume Measures

56308	DOUGLAS	3207621511
56308	DOUGLAS	3207621511
56303	STEARNS	3202512700

56303	STEARNS	3202512700
56303	STEARNS	3202512700
55102	RAMSEY	6122988888

55102	RAMSEY	6122988888
55102	RAMSEY	6122988888

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15811.00	12
	\$19767.00	14
	\$29692.00 *	
	\$20002.00	32
	\$16026.00	26
	\$15903.00 *	
	\$19770.00	22
	\$29490.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

240047

ST LUKES HOSPITAL

915 E 1ST ST

240047

ST LUKES HOSPITAL

915 E 1ST ST

240047

ST LUKES HOSPITAL

915 E 1ST ST

240050

FAIRVIEW LAKES HEALTH  
SERVICES

5200 FAIRVIEW BOULEVARD

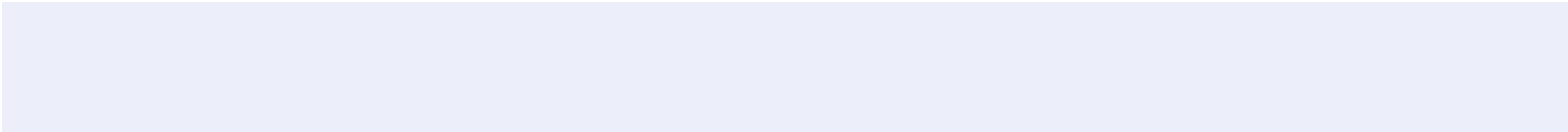
240050

FAIRVIEW LAKES HEALTH  
SERVICES

5200 FAIRVIEW BOULEVARD

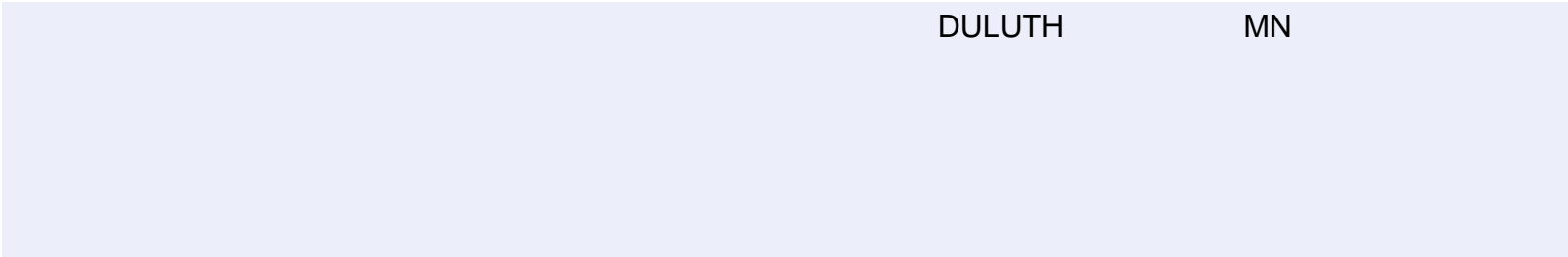
# knee

Based on Hospital Medicare Payment And Volume Measures



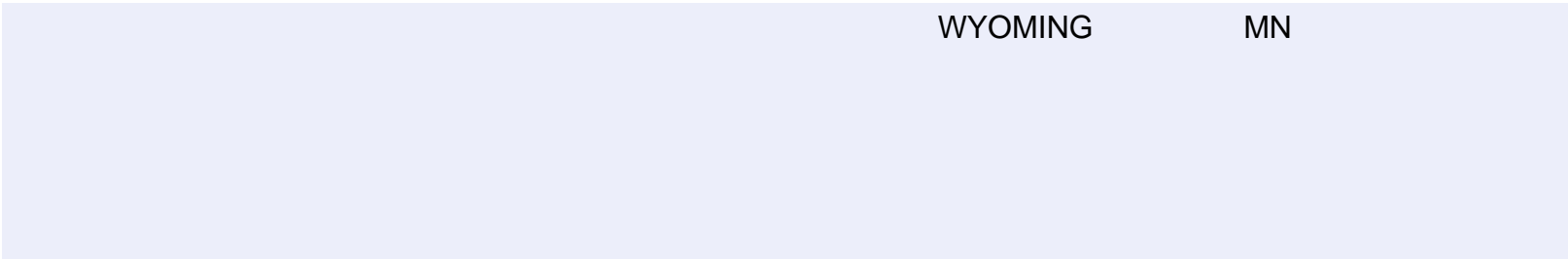
DULUTH

MN



DULUTH

MN



DULUTH

MN

WYOMING

MN



WYOMING

MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55805	SAINT LOUIS	2182495555
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55805	SAINT LOUIS	2182495555
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55805	SAINT LOUIS	2182495555
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55092	CHISAGO	6519827000
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55092	CHISAGO	6519827000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

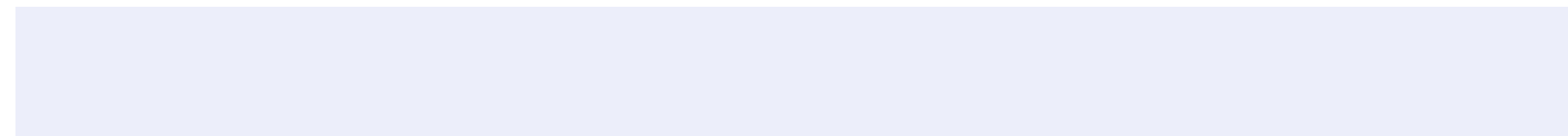
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$14949.00 \*

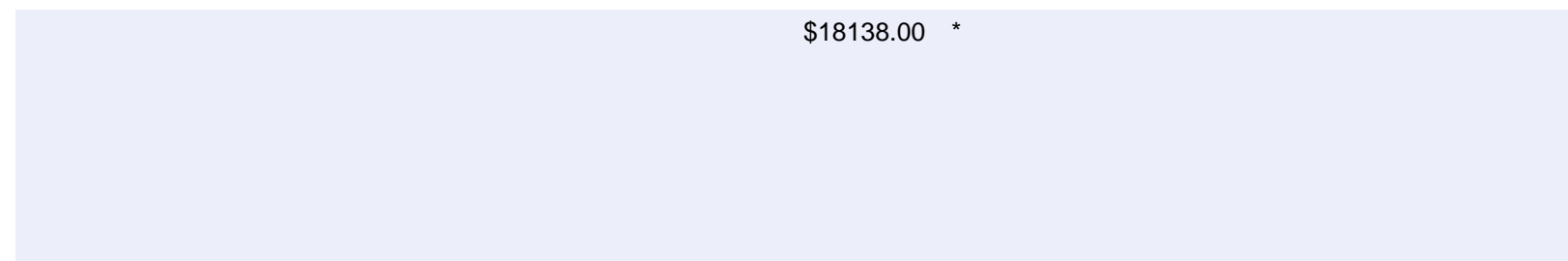


\$22476.00 \*

\$18689.00 26

\$18689.00

26



\$18138.00 \*

\$27882.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
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240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
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240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WYOMING

MN

FERGUS FALLS

MN

FERGUS FALLS

MN

SAINT LOUIS  
PARK

MN

SAINT LOUIS  
PARK

MN



# knee

Based on Hospital Medicare Payment And Volume Measures

55092	CHISAGO	6519827000
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56537	OTTER TAIL	2187368000
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56537	OTTER TAIL	2187368000
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55426	HENNEPIN	9529935000
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55426	HENNEPIN	9529935000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14508.00 \*

\$13028.00 \*

\$16035.00 \*

\$18867.00

38

\$22689.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
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240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
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240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT LOUIS  
PARK

MN

WACONIA

MN

WACONIA

MN

WACONIA

MN

MINNEAPOLIS

MN

MINNEAPOLIS

MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55426	HENNEPIN	9529935000
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55387	CARVER	9524422191
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55387	CARVER	9524422191
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55387	CARVER	9524422191
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55407	HENNEPIN	6128634000
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55407	HENNEPIN	6128634000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15091.00

18

\$14519.00 \*

\$26923.00 \*

\$18152.00 \*

\$19570.00

36

\$27463.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS MN

ROCHESTER MN

ROCHESTER MN

ROCHESTER MN

SAINT PAUL MN

SAINT PAUL MN

SAINT PAUL MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55407	HENNEPIN	6128634000
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55902	OLMSTED	5072667890
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55902	OLMSTED	5072667890
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55902	OLMSTED	5072667890
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55102	RAMSEY	6512323000
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55102	RAMSEY	6512323000
-------	--------	------------

55102	RAMSEY	6512323000
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15657.00	12
	\$24520.00 *	
	\$22242.00	102
	\$17791.00	217
	\$15474.00 *	
	\$19345.00	13
	\$15636.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
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240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
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240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
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240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

	STILLWATER	MN
	STILLWATER	MN
	STILLWATER	MN
	STILLWATER	MN
	OWATONNA	MN
	BRAINERD	MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55082	WASHINGTON	6514395330
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55082	WASHINGTON	6514395330
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55082	WASHINGTON	6514395330
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55060	STEELE	5074513850
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56401	CROW WING	2188292861
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

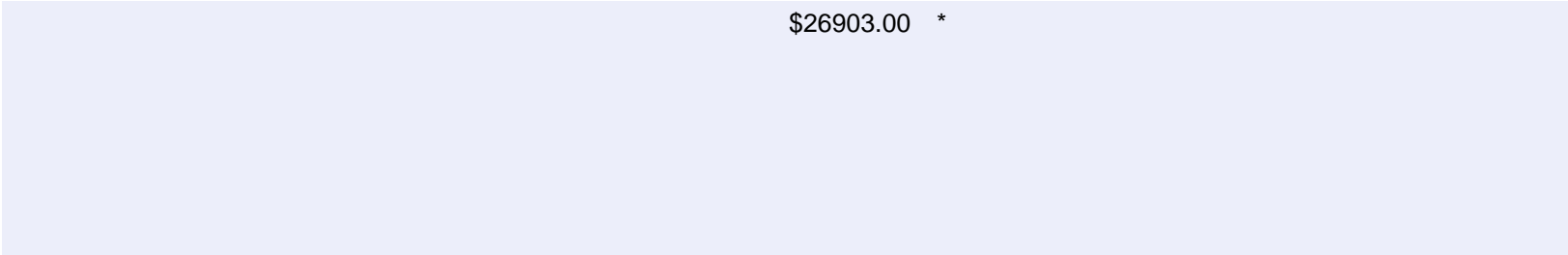
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14508.00 26



\$18138.00 \*



\$27096.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
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240076	BUFFALO HOSPITAL	303 CATLIN ST
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240076	BUFFALO HOSPITAL	303 CATLIN ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

BRAINERD

MN

BRAINERD

MN

BUFFALO

MN

BUFFALO

MN



# knee

Based on Hospital Medicare Payment And Volume Measures

56401

CROW WING

2188292861

56401

CROW WING

2188292861

55313

WRIGHT

7636841212

55313

WRIGHT

7636841212

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20213.00 \*

\$14612.00 \*

\$22189.00 \*

\$8315.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
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patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

240076	BUFFALO HOSPITAL	303 CATLIN ST
240078	FAIRVIEW SOUTHDAL E HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDAL E HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDAL E HOSPITAL	6401 FRANCE AVENUE SOUTH
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA	2450 RIVERSIDE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

BUFFALO	MN
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EDINA	MN
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EDINA	MN
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EDINA	MN
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MINNEAPOLIS	MN
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MINNEAPOLIS	MN
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MINNEAPOLIS	MN
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# knee

Based on Hospital Medicare Payment And Volume Measures

55313	WRIGHT	7636841212
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55435	HENNEPIN	9529245000
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55435	HENNEPIN	9529245000
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55435	HENNEPIN	9529245000
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55454	HENNEPIN	6126726000
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55454	HENNEPIN	6126726000
-------	----------	------------

55454	HENNEPIN	6126726000
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$36375.00 *	
	\$21840.00 *	
	\$15135.00	39
	\$14526.00	13
	\$20108.00 *	
	\$25139.00	44
	\$31241.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## MEDICAL CENTER, FAIRVIEW

240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH ST N
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240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH ST N
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240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH ST
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240093	IMMANUEL-ST JOSEPHS-MAYO	1025 MARSH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

	VIRGINIA	MN
	VIRGINIA	MN
	WILLMAR	MN
	MANKATO	MN
	MANKATO	MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55792

SAINT LOUIS

2187413340

55792

SAINT LOUIS

2187413340

56201

KANDIYOHI

3202314227

56002

BLUE EARTH

5076254031

56002

BLUE EARTH

5076254031

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19039.00	*
	\$15228.00	*
	\$15547.00	*
	\$19120.00	20
	\$28360.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## HEALTH SYSTEM

240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH ST
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240101	ST MARYS REGIONAL HEALTH	1027 WASHINGTON AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	MANKATO	MN
	BEMIDJI	MN
	BEMIDJI	MN
	BEMIDJI	MN
	DETROIT LAKES	MN

# knee

Based on Hospital Medicare Payment And Volume Measures

56002	BLUE EARTH	5076254031
56601	BELTRAMI	2187515430
56601	BELTRAMI	2187515430
56601	BELTRAMI	2187515430
56501	BECKER	2188475611

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15294.00	20
	\$14723.00 *	
	\$27302.00 *	
	\$16873.00 *	
	\$17607.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
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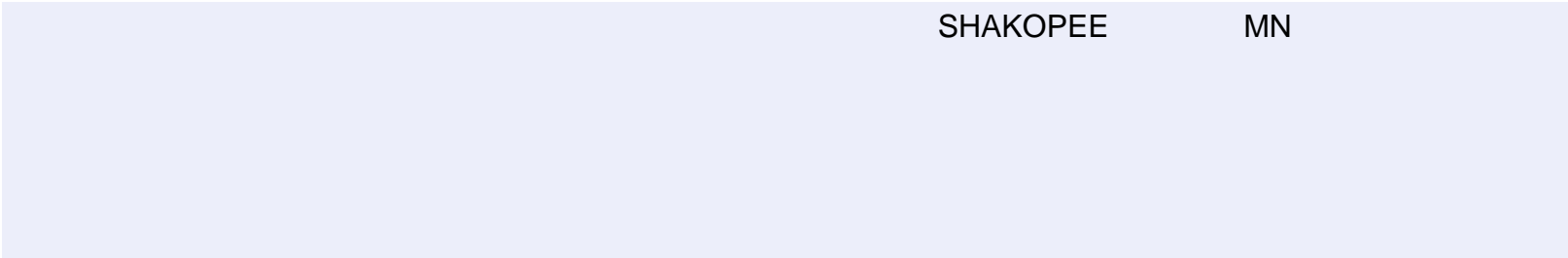
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
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240106	REGIONS HOSPITAL	640 JACKSON STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

DETROIT LAKES MN



SHAKOPEE MN



SAINT PAUL MN



# knee

Based on Hospital Medicare Payment And Volume Measures

56501	BECKER	2188475611
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55379	SCOTT	9524033000
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55379	SCOTT	9524033000
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55379	SCOTT	9524033000
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55101	RAMSEY	6512540975
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14893.00 *	
	\$14508.00 *	
	\$16413.00 *	
	\$18138.00	11
	\$24665.00	24

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

240106	REGIONS HOSPITAL	640 JACKSON STREET
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240106	REGIONS HOSPITAL	640 JACKSON STREET
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240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
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240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
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240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
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240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN
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SAINT PAUL	MN
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COON RAPIDS	MN
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COON RAPIDS	MN
-------------	----

COON RAPIDS	MN
-------------	----

AUSTIN	MN
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

55101	RAMSEY	6512540975
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55101	RAMSEY	6512540975
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55433	ANOKA	7632366000
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55433	ANOKA	7632366000
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55433	ANOKA	7632366000
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55912	MOWER	5074337351
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$24718.00 \*

\$19728.00 \*

\$15066.00 \*

\$21519.00 \*

\$18836.00

17

\$14419.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

NORTHWEST

240117

AUSTIN MEDICAL CENTER

1000 FIRST DRIVE  
NORTHWEST

240132

UNITY HOSPITAL

550 OSBORNE ROAD

240132

UNITY HOSPITAL

550 OSBORNE ROAD

240132

UNITY HOSPITAL

550 OSBORNE ROAD

240141

FAIRVIEW NORTHLAND REGIONAL  
HOSPITAL

911 NORTHLAND DR

# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN

MN

FRIDLEY

MN

FRIDLEY

MN

FRIDLEY

MN

PRINCETON

MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55912

MOWER

5074337351

55432

ANOKA

7632365000

55432

ANOKA

7632365000

55432

ANOKA

7632365000

55371

MILLE LACS

7633891313

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13840.00 \*

\$7601.00 \*

\$28145.00 \*

\$15813.00

13

\$17488.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
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# knee

Based on Hospital Medicare Payment And Volume Measures

PRINCETON

MN

PRINCETON

MN

FAIRMONT

MN

FAIRMONT

MN

# knee

Based on Hospital Medicare Payment And Volume Measures

55371

MILLE LACS

7633891313

55371

MILLE LACS

7633891313

56031

MARTIN

5072388100

56031

MARTIN

5072388100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$28608.00 \*

\$15427.00 \*

\$14237.00 \*

\$26400.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
--------	--------------------------	--------------------------------

240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
--------	--------------------------	--------------------------------

240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
--------	-------------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures



FAIRMONT MN



BURNSVILLE MN

BURNSVILLE MN



BURNSVILLE MN

MAPLEWOOD MN



# knee

Based on Hospital Medicare Payment And Volume Measures

56031	MARTIN	5072388100
-------	--------	------------

55337	DAKOTA	9528922000
-------	--------	------------

55337	DAKOTA	9528922000
-------	--------	------------

55337	DAKOTA	9528922000
-------	--------	------------

55109	RAMSEY	6512327000
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$17799.00 \*



\$15121.00

15

\$18904.00 \*



\$21539.00 \*

\$14104.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST
250001	UNIVERSITY OF MISSISSIPPI MED CENTER	2500 N STATE ST

# knee

Based on Hospital Medicare Payment And Volume Measures

MAPLEWOOD MN

MAPLEWOOD MN

WOODBURY MN

WOODBURY MN

WOODBURY MN

JACKSON MS

JACKSON MS

JACKSON MS

# knee

Based on Hospital Medicare Payment And Volume Measures

55109	RAMSEY	6512327000
-------	--------	------------

55109	RAMSEY	6512327000
-------	--------	------------

55125	WASHINGTON	6512326880
-------	------------	------------

55125	WASHINGTON	6512326880
-------	------------	------------

55125	WASHINGTON	6512326880
-------	------------	------------

39216	HINDS	6019844100
-------	-------	------------

39216	HINDS	6019844100
-------	-------	------------

39216	HINDS	6019844100
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18652.00	12
	\$14919.00 *	
	\$14531.00	16
	\$17411.00	22
	\$21996.00 *	
	\$37911.00	11
	\$25721.00	31
	\$20573.00	15

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250004	NORTH MISSISSIPPI MEDICAL CENTER	830 S GLOSTER
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250006	BAPTIST MEMORIAL HOSPITAL UNION COUNTY	200 HWY 30 WEST
250007	BILOXI REGIONAL MEDICAL CENTER	PO BOX 128/150 REYNOIR STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

TUPELO MS

TUPELO MS

NEW ALBANY MS

NEW ALBANY MS

BILOXI MS

# knee

Based on Hospital Medicare Payment And Volume Measures

38801	LEE	6623777176
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38801	LEE	6623777176
-------	-----	------------

38652	UNION	6625387631
-------	-------	------------

38652	UNION	6625387631
-------	-------	------------

39533	HARRISON	2284361104
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14379.00 \*

\$18225.00 \*

\$26052.00 \*

\$14049.00 \*

\$21502.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

250009

MAGNOLIA REGIONAL HEALTH  
CENTER

611 ALCORN DRIVE

250009

MAGNOLIA REGIONAL HEALTH  
CENTER

611 ALCORN DRIVE

250009

MAGNOLIA REGIONAL HEALTH  
CENTER

611 ALCORN DRIVE

250015

GRENADA LAKE MEDICAL CENTER

960 AVENT DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

CORINTH

MS

CORINTH

MS

CORINTH

MS

GRENADA

MS

# knee

Based on Hospital Medicare Payment And Volume Measures

38834

ALCORN

6622937660

38834

ALCORN

6622937660

38834

ALCORN

6622937660

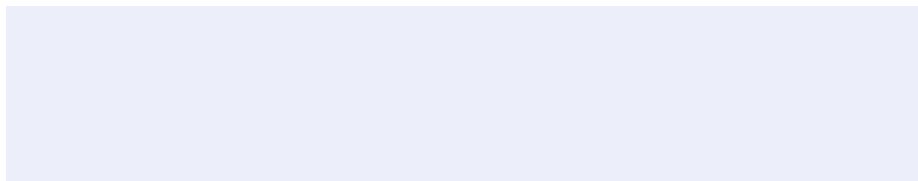
38901

GRENADA

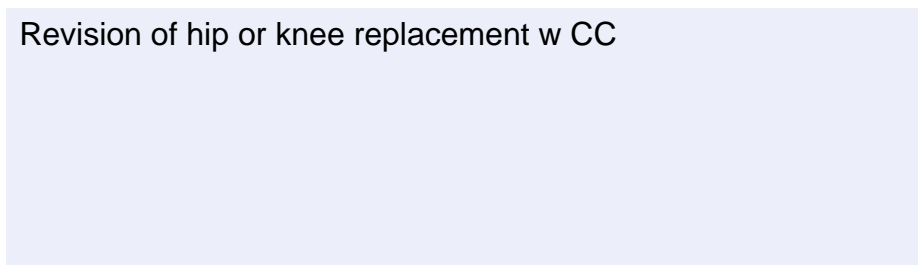
6622277000

# knee

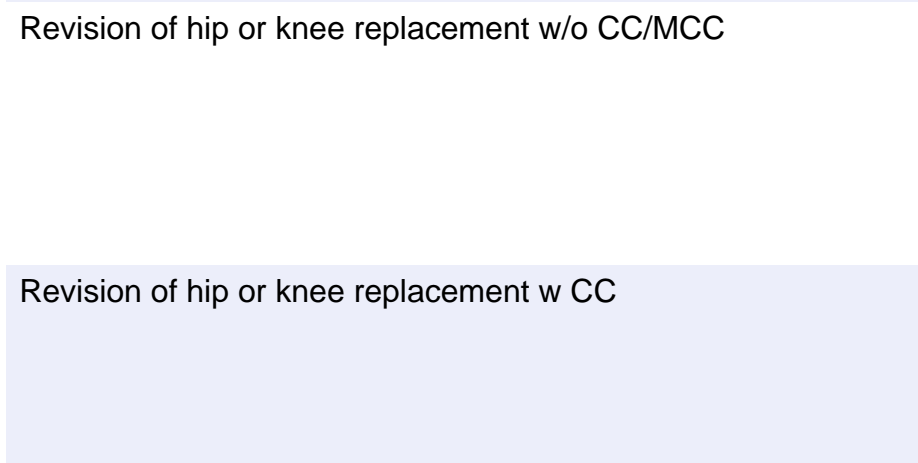
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19381.00 \*

\$17734.00 \*

\$14078.00 \*

\$16082.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
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250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
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250019	MEMORIAL HOSPITAL AT GULFPORT	4500 13TH ST-P O BOX 1810
--------	-------------------------------	---------------------------

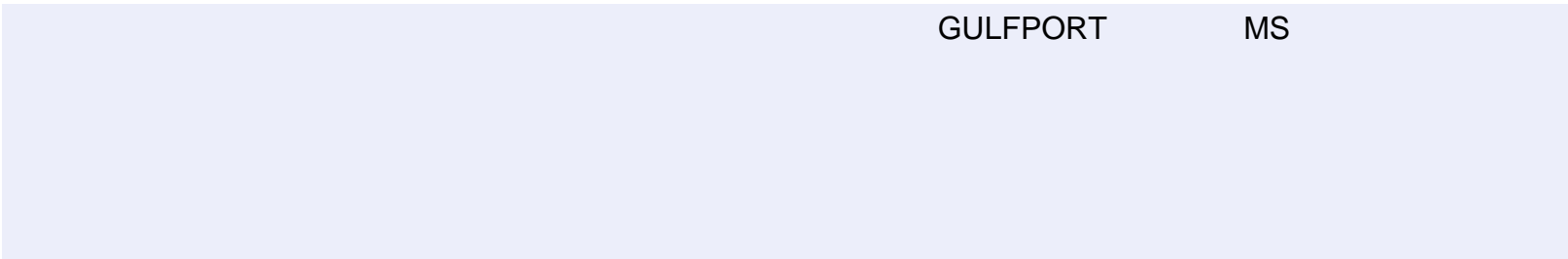
250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
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# knee

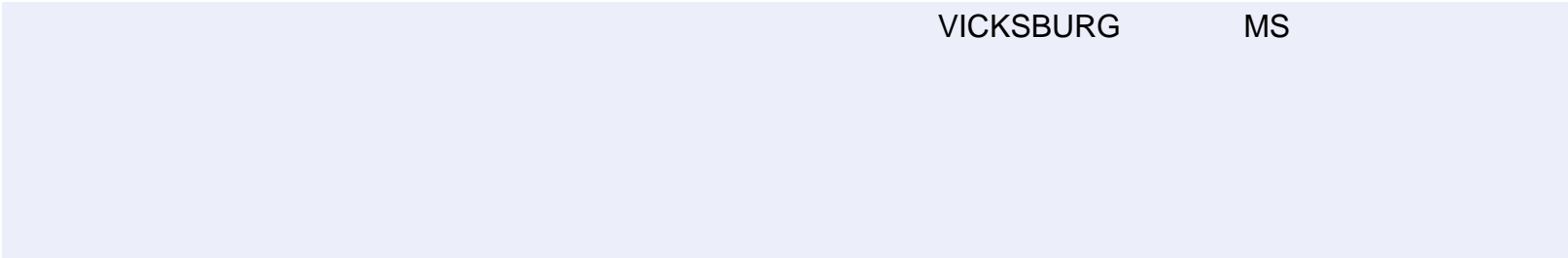
Based on Hospital Medicare Payment And Volume Measures



GULFPORT MS



GULFPORT MS



VICKSBURG MS



# knee

Based on Hospital Medicare Payment And Volume Measures

39502

HARRISON

2288674000

39502

HARRISON

2288674000

39502

HARRISON

2288674000

39183

WARREN

6018835000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15023.00 \*

\$15505.00 \*

\$18470.00 \*

\$15672.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
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250031	RIVER REGION HEALTH SYSTEM	2100 HWY 61 N
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250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
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250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
--------	---------------------------------------	------------------

250034	BAPTIST MEMORIAL HOSPITAL NORTH MS	2301 SOUTH LAMAR
--------	---------------------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

VICKSBURG MS

VICKSBURG MS

OXFORD MS

OXFORD MS

OXFORD MS

# knee

Based on Hospital Medicare Payment And Volume Measures

39183	WARREN	6018835000
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39183	WARREN	6018835000
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38655	LAFAYETTE	6622328100
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38655	LAFAYETTE	6622328100
-------	-----------	------------

38655	LAFAYETTE	6622328100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$29029.00 \*

\$19572.00 \*

\$18044.00 \*

\$18746.00 \*

\$14433.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

250040

SINGING RIVER HOSPITAL

2809 DENNY AV

250040

SINGING RIVER HOSPITAL

2809 DENNY AV

250040

SINGING RIVER HOSPITAL

2809 DENNY AV

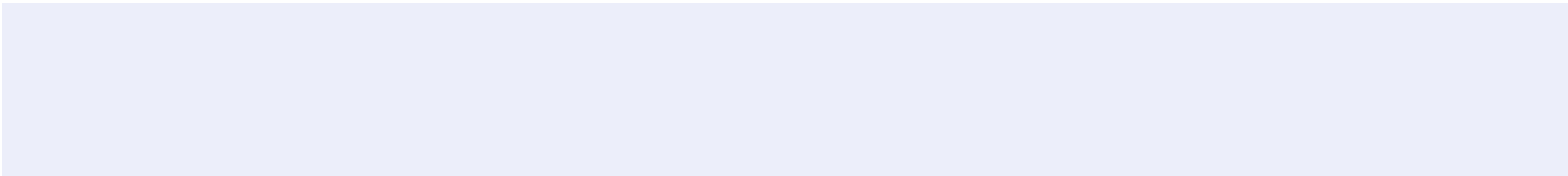
250048

ST DOMINIC-JACKSON MEMORIAL  
HOSPITAL

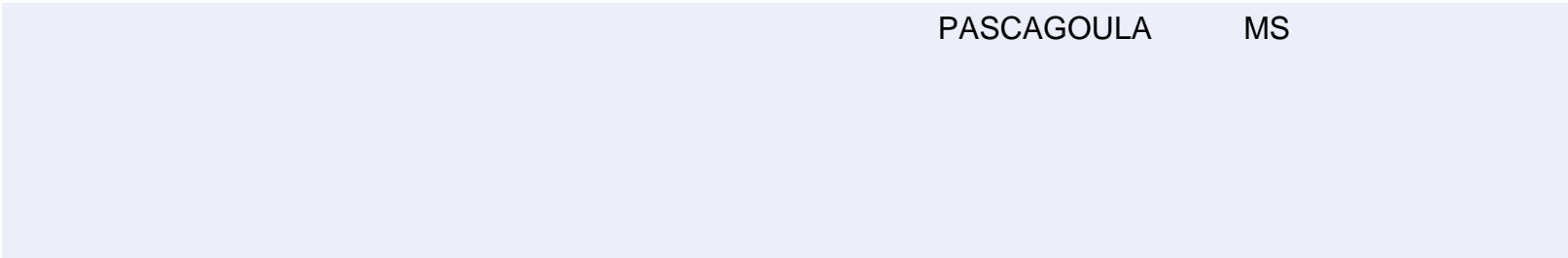
969 LAKELAND DR

# knee

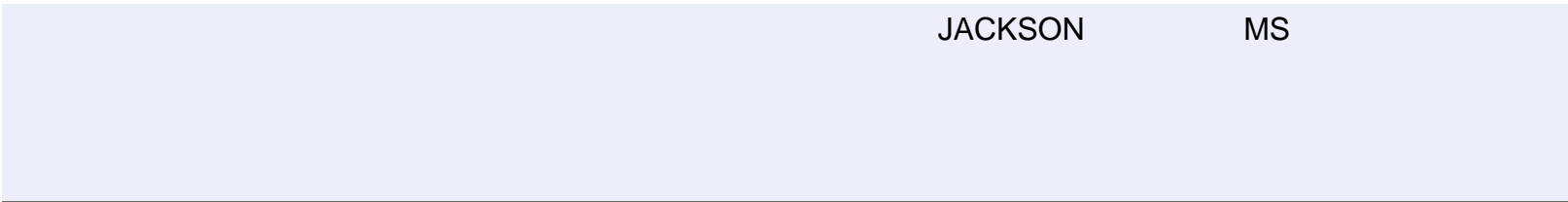
Based on Hospital Medicare Payment And Volume Measures



PASCAGOULA MS



PASCAGOULA MS



JACKSON MS

# knee

Based on Hospital Medicare Payment And Volume Measures

39581

JACKSON

2288095000

39581

JACKSON

2288095000

39581

JACKSON

2288095000

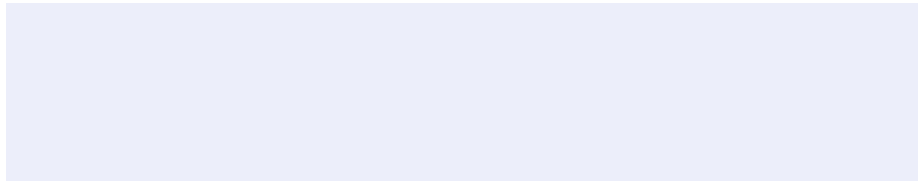
39216

HINDS

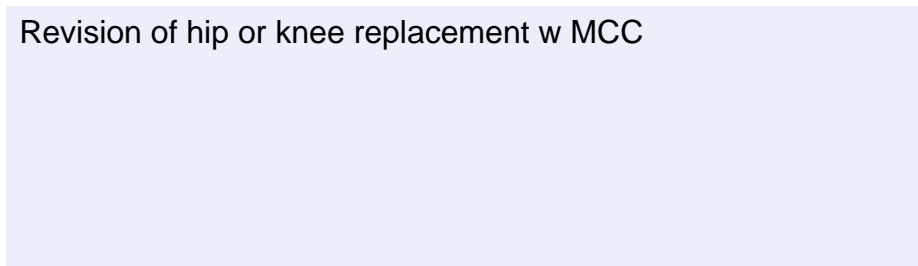
6012002000

# knee

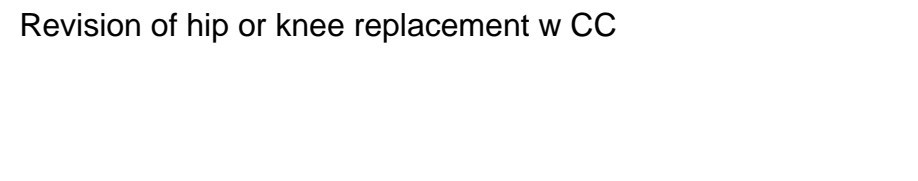
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13927.00 \*

\$17177.00 \*

\$17090.00 \*

\$13563.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
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250048	ST DOMINIC-JACKSON MEMORIAL HOSPITAL	969 LAKELAND DR
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250050	OCH REGIONAL MEDICAL CENTER	400 HOSPITAL ROAD
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250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
--------	---------------------------	------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSON MS

JACKSON MS

STARKVILLE MS

LAUREL MS

# knee

Based on Hospital Medicare Payment And Volume Measures

39216

HINDS

6012002000

39216

HINDS

6012002000

39759

OKTIBBEHA

6623234320

39440

JONES

6016494000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16957.00 \*

\$25150.00 \*

\$11726.00 \*

\$16702.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
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250058	SOUTH CENTRAL REG MED CTR	1220 JEFFERSON ST BOX 607
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250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
--------	--------------------------	---------------

250069	RUSH FOUNDATION HOSPITAL	1314 19TH AVE
--------	--------------------------	---------------

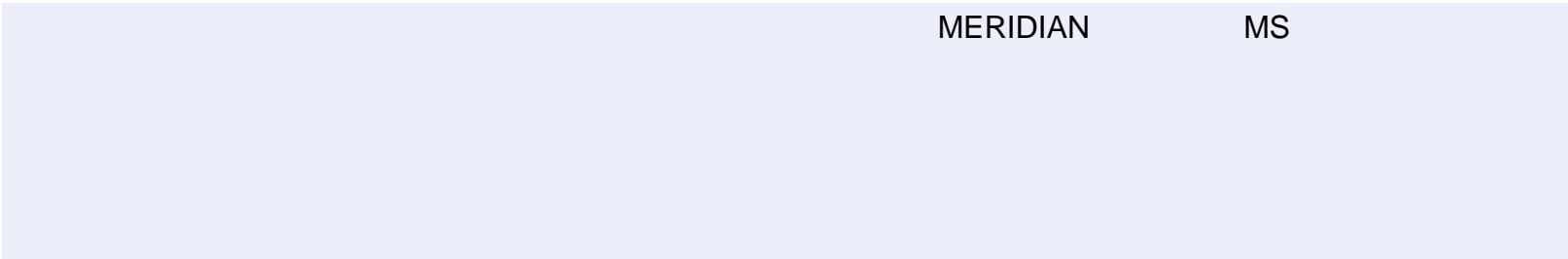
250072	CENTRAL MISSISSIPPI MEDICAL CENTER	1850 CHADWICK DR
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# knee

Based on Hospital Medicare Payment And Volume Measures

LAUREL MS

LAUREL MS



MERIDIAN MS



JACKSON MS



# knee

Based on Hospital Medicare Payment And Volume Measures

39440	JONES	6016494000
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39440	JONES	6016494000
-------	-------	------------

39301	LAUDERDALE	6014830011
-------	------------	------------

39301	LAUDERDALE	6014830011
-------	------------	------------

39204	HINDS	6013761000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25236.00 \*

\$13359.00 \*

\$14734.00 \*

\$18420.00 \*

\$19386.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

250072

CENTRAL MISSISSIPPI MEDICAL  
CENTER

1850 CHADWICK DR

250072

CENTRAL MISSISSIPPI MEDICAL  
CENTER

1850 CHADWICK DR

250078

FORREST GENERAL HOSPITAL

6051 US HIGHWAY 49

250078

FORREST GENERAL HOSPITAL

6051 US HIGHWAY 49

# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSON MS

JACKSON MS

HATTIESBURG MS

HATTIESBURG MS

# knee

Based on Hospital Medicare Payment And Volume Measures

39204

HINDS

6013761000

39204

HINDS

6013761000

39404

FORREST

6012887000

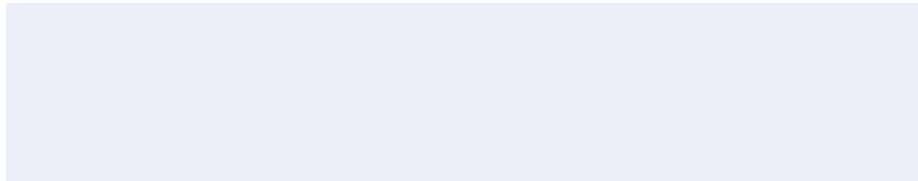
39404

FORREST

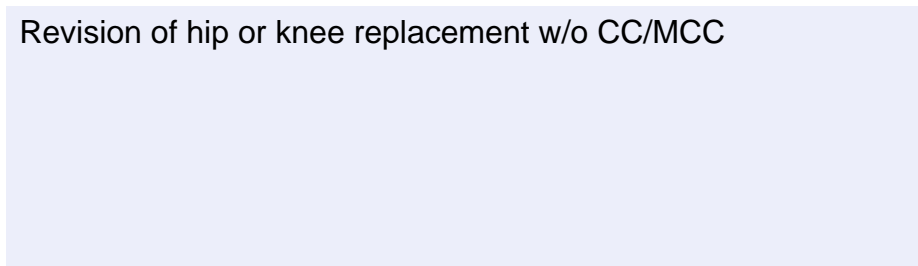
6012887000

# knee

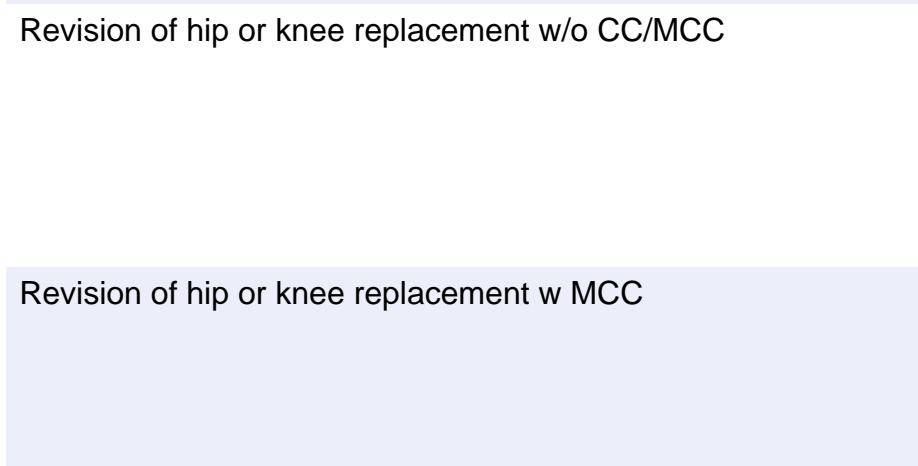
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC




Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$67315.00 \*



\$15506.00 \*

\$14971.00 \*



\$27761.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

250078	FORREST GENERAL HOSPITAL	6051 US HIGHWAY 49
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250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
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250084	NATCHEZ REGIONAL MEDICAL CENTER	52 SEARGENT PRENTISS DRIVE
--------	------------------------------------	-------------------------------

250093	BOLIVAR MEDICAL CENTER	HWY 8 E
--------	------------------------	---------

# knee

Based on Hospital Medicare Payment And Volume Measures

HATTIESBURG MS

NATCHEZ MS

NATCHEZ MS

CLEVELAND MS

# knee

Based on Hospital Medicare Payment And Volume Measures

39404

FORREST

6012887000

39120

ADAMS

6014432100

39120

ADAMS

6014432100

38732

BOLIVAR

6628462551

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18717.00 \*

\$19532.00 \*

\$12863.00 \*

\$12863.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

250093	BOLIVAR MEDICAL CENTER	HWY 8 E
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250094	WESLEY MEDICAL CENTER	5001 W HARDY ST
250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
250097	SOUTHWEST MS REGIONAL	215 MARION AV BOX 1307

# knee

Based on Hospital Medicare Payment And Volume Measures

CLEVELAND MS

HATTIESBURG MS

HATTIESBURG MS

HATTIESBURG MS

MCCOMB MS

MCCOMB MS

# knee

Based on Hospital Medicare Payment And Volume Measures

38732	BOLIVAR	6628462551
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39402	FORREST	6012688000
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39402	FORREST	6012688000
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39402	FORREST	6012688000
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39649	PIKE	6012495500
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39649	PIKE	6012495500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23853.00 \*

\$26671.00 \*

\$16410.00 \*

\$14383.00

23

\$14613.00 \*

\$18270.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## MEDICAL CENTER

250097	SOUTHWEST MS REGIONAL MEDICAL CENTER	215 MARION AV BOX 1307
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250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
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250099	GREENWOOD LEFLORE HOSPITAL	1401 RIVER RD DRAWER 1410
--------	----------------------------	------------------------------

250100	BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	2520 5TH ST N
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250100	BAPTIST MEM HOSP/GOLDEN	2520 5TH ST N
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# knee

Based on Hospital Medicare Payment And Volume Measures

MCCOMB MS

GREENWOOD MS

GREENWOOD MS

COLUMBUS MS

COLUMBUS MS



# knee

Based on Hospital Medicare Payment And Volume Measures

39649	PIKE	6012495500
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38930	LEFLORE	6624597000
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38930	LEFLORE	6624597000
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39701	LOWNDES	6622441500
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39701	LOWNDES	6622441500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27098.00 \*



\$15883.00 \*



\$17865.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## TRIANGLE INC

250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
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250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
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250102	MISSISSIPPI BAPTIST MEDICAL CENTER	1225 N STATE ST
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250104	ANDERSON REGIONAL MEDICAL CENTER	2124 14 ST
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250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

JACKSON MS

JACKSON MS

JACKSON MS

MERIDIAN MS

GULFPORT MS

# knee

Based on Hospital Medicare Payment And Volume Measures

39202	HINDS	6019681000
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39202	HINDS	6019681000
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39202	HINDS	6019681000
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39301	LAUDERDALE	6015536000
-------	------------	------------

39501	HARRISON	6018644210
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23793.00 \*

\$16025.00	19
------------	----

\$12818.00	28
------------	----

\$13604.00 \*

\$26250.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250123	GARDEN PARK MEDICAL CENTER	15200 COMMUNITY ROAD
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
250141	BAPTIST MEMORIAL HOSPITAL DESOTO	7601 SOUTHCREST DR
260001	ST JOHN'S REGIONAL MEDICAL CENTER	2727 MCCLELLAND BLVD
260001	ST JOHN'S REGIONAL MEDICAL CENTER	2727 MCCLELLAND BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

GULFPORT MS

GULFPORT MS

SOUTHAVEN MS

SOUTHAVEN MS

SOUTHAVEN MS

JOPLIN MO

JOPLIN MO

# knee

Based on Hospital Medicare Payment And Volume Measures

39501	HARRISON	6018644210
39501	HARRISON	6018644210
38671	DESOTO	6623494000

38671	DESOTO	6623494000
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38671	DESOTO	6623494000
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64804	JASPER	4177812727
64804	JASPER	4177812727

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14748.00	15
	\$14156.00	31
	\$27882.00 *	
	\$18798.00 *	
	\$15036.00 *	
	\$14849.00	13
	\$18338.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

260001

ST JOHN'S REGIONAL MEDICAL  
CENTER

2727 MCCLELLAND BLVD

260005

SSM ST JOSEPH HEALTH CENTER

300 1ST CAPITOL DR

260005

SSM ST JOSEPH HEALTH CENTER

300 1ST CAPITOL DR

260005

SSM ST JOSEPH HEALTH CENTER

300 1ST CAPITOL DR

# knee

Based on Hospital Medicare Payment And Volume Measures

JOPLIN MO

SAINT CHARLES MO

SAINT CHARLES MO

SAINT CHARLES MO

# knee

Based on Hospital Medicare Payment And Volume Measures

64804

JASPER

4177812727

63301

SAINT CHARLES

6369475000

63301

SAINT CHARLES

6369475000

63301

SAINT CHARLES

6369475000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27367.00 \*

\$25626.00 \*

\$7733.00 \*

\$13820.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

260006	HEARTLAND REGIONAL MEDICAL CENTER	5325 FARAON STREET
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260006	HEARTLAND REGIONAL MEDICAL CENTER	5325 FARAON STREET
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260006	HEARTLAND REGIONAL MEDICAL CENTER	5325 FARAON STREET
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260009	BOTHWELL REGIONAL HEALTH CENTER	601 E 14TH ST
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260009	BOTHWELL REGIONAL HEALTH CENTER	601 E 14TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT JOSEPH	MO
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SAINT JOSEPH	MO
--------------	----

SAINT JOSEPH	MO
--------------	----

SEDALIA	MO
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SEDALIA	MO
---------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

64506	BUCHANAN	8162716000
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64506	BUCHANAN	8162716000
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64506	BUCHANAN	8162716000
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65302	PETTIS	6608268833
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65302	PETTIS	6608268833
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



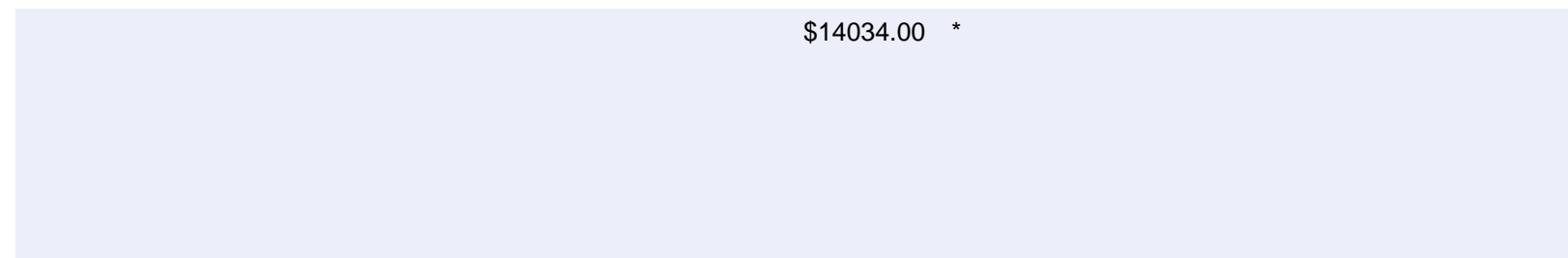
\$17246.00 \*



\$21560.00

11

\$32419.00 \*



\$14034.00 \*

\$13828.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

260011	ST MARYS HEALTH CENTER	100 ST MARYS MEDICAL PLAZA
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260011	ST MARYS HEALTH CENTER	100 ST MARYS MEDICAL PLAZA
--------	------------------------	-------------------------------

260015	TWIN RIVERS REGIONAL MEDICAL CENTER	1301 FIRST ST
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260017	PHELPS COUNTY REGIONAL MEDICAL CENTER	1000 W 10TH ST
--------	--	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

JEFFERSON CITY MO

JEFFERSON CITY MO

KENNETT MO

ROLLA MO

# knee

Based on Hospital Medicare Payment And Volume Measures

65101

COLE

5737617000

65101

COLE

5737617000

63857

DUNKLIN

5738884522

65401

PHELPS

5734588899

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$8527.00 \*

\$24775.00 \*

\$31046.00 \*

\$16974.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

260017	PHELPS COUNTY REGIONAL MEDICAL CENTER	1000 W 10TH ST
260017	PHELPS COUNTY REGIONAL MEDICAL CENTER	1000 W 10TH ST
260020	ST JOHNS MERCY MEDICAL CENTER	615 NEW BALLAS ROAD
260020	ST JOHNS MERCY MEDICAL CENTER	615 NEW BALLAS ROAD
260020	ST JOHNS MERCY MEDICAL CENTER	615 NEW BALLAS ROAD
260022	NORTHEAST REGIONAL MEDICAL CENTER	315 S OSTEOPATHY

# knee

Based on Hospital Medicare Payment And Volume Measures

ROLLA	MO
-------	----

ROLLA	MO
-------	----

SAINT LOUIS	MO
-------------	----

SAINT LOUIS	MO
-------------	----

SAINT LOUIS	MO
-------------	----

KIRKSVILLE	MO
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

65401	PHELPS	5734588899
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65401	PHELPS	5734588899
-------	--------	------------

63141	SAINT LOUIS	3145696000
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63141	SAINT LOUIS	3145696000
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63141	SAINT LOUIS	3145696000
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63501	ADAIR	6607851000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21221.00 \*

\$31475.00 \*

\$26434.00 \*

\$17712.00 16

\$11879.00 30

\$9790.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

260022	NORTHEAST REGIONAL MEDICAL CENTER	315 S OSTEOPATHY
--------	-----------------------------------	------------------

260023	JEFFERSON REGIONAL MEDICAL CENTER	HWY 61 SOUTH
--------	-----------------------------------	--------------

260023	JEFFERSON REGIONAL MEDICAL CENTER	HWY 61 SOUTH
--------	-----------------------------------	--------------

260025	HANNIBAL REGIONAL HOSPITAL	6000 HOSPITAL DR
--------	----------------------------	------------------

260025	HANNIBAL REGIONAL HOSPITAL	6000 HOSPITAL DR
--------	----------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

KIRKSVILLE MO

CRYSTAL CITY MO

CRYSTAL CITY MO

HANNIBAL MO

HANNIBAL MO

# knee

Based on Hospital Medicare Payment And Volume Measures

63501	ADAIR	6607851000
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63019	JEFFERSON	6369331000
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63019	JEFFERSON	6369331000
-------	-----------	------------

63401	MARION	5732481300
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63401	MARION	5732481300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19676.00 \*

\$13835.00 \*

\$13280.00 \*

\$15237.00 \*

\$18550.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

260025	HANNIBAL REGIONAL HOSPITAL	6000 HOSPITAL DR
260027	RESEARCH MEDICAL CENTER	2316 E MEYER BLVD
260027	RESEARCH MEDICAL CENTER	2316 E MEYER BLVD
260027	RESEARCH MEDICAL CENTER	2316 E MEYER BLVD
260032	BARNES JEWISH HOSPITAL	ONE BARNES-JEWISH HOSPITAL PLAZA
260032	BARNES JEWISH HOSPITAL	ONE BARNES-JEWISH

# knee

Based on Hospital Medicare Payment And Volume Measures

HANNIBAL MO

KANSAS CITY MO

KANSAS CITY MO

KANSAS CITY MO

SAINT LOUIS MO

SAINT LOUIS MO



# knee

Based on Hospital Medicare Payment And Volume Measures

63401	MARION	5732481300
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64132	JACKSON	8162764000
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64132	JACKSON	8162764000
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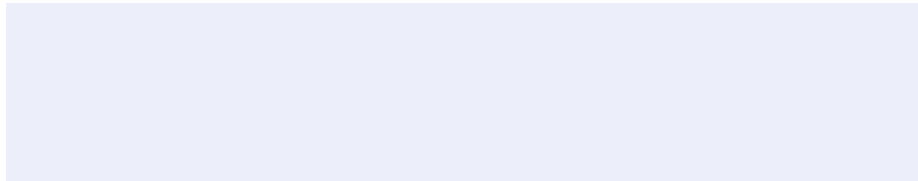
64132	JACKSON	8162764000
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63110	SAINT LOUIS CITY	3147473000
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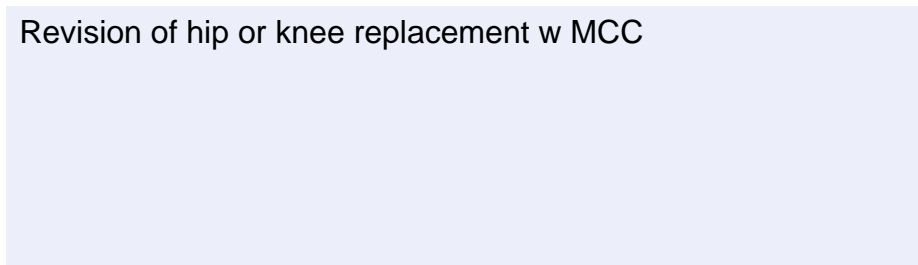
63110	SAINT LOUIS CITY	3147473000
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# knee

Based on Hospital Medicare Payment And Volume Measures

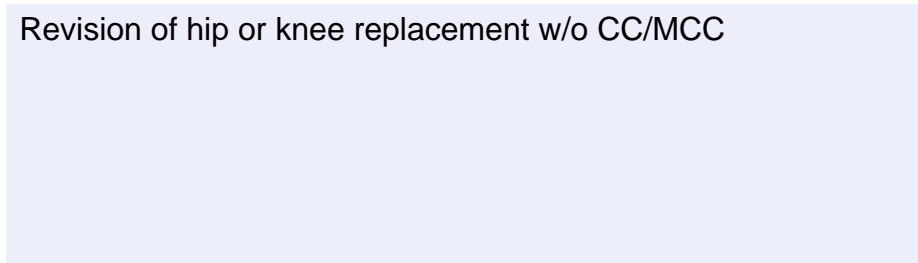


Revision of hip or knee replacement w MCC

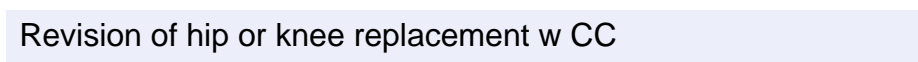


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

knee

Based on Hospital Medicare Payment And Volume Measures

\$19907.00 \*

\$26182.00 \*

\$15551.00	16
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\$14926.00 \*

\$17687.00	22
------------	----

\$18427.00	75
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

		HOSPITAL PLAZA
260032	BARNES JEWISH HOSPITAL	ONE BARNES-JEWISH HOSPITAL PLAZA
260034	BATES COUNTY MEMORIAL HOSPITAL	615 W NURSERY ST
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260040	COX MEDICAL CENTER	3801 SOUTH NATIONAL AVENUE
260047	CAPITAL REGION MEDICAL CENTER	1125 MADISON ST
260047	CAPITAL REGION MEDICAL CENTER	1125 MADISON ST

# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT LOUIS	MO
-------------	----

BUTLER	MO
--------	----

SPRINGFIELD	MO
-------------	----

SPRINGFIELD	MO
-------------	----

SPRINGFIELD	MO
-------------	----

JEFFERSON CITY	MO
----------------	----

JEFFERSON CITY	MO
----------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

63110	SAINT LOUIS CITY	3147473000
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64730	BATES	6602007000
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65807	GREENE	4172696000
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65807	GREENE	4172696000
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65807	GREENE	4172696000
-------	--------	------------

65102	COLE	5736325000
-------	------	------------

65102	COLE	5736325000
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$31912.00	18
	\$23608.00 *	
	\$7307.00 *	
	\$26687.00 *	
	\$18013.00	29
	\$18709.00	11
	\$23098.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

260047	CAPITAL REGION MEDICAL CENTER	1125 MADISON ST
260048	TRUMAN MEDICAL CENTER HOSPITAL HILL	2301 HOLMES STREET
260048	TRUMAN MEDICAL CENTER HOSPITAL HILL	2301 HOLMES STREET
260050	ST FRANCIS HOSPITAL	2016 SOUTH MAIN ST
260052	ST JOHNS MERCY HOSPITAL	901 EAST 5TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

JEFFERSON CITY MO

KANSAS CITY MO

KANSAS CITY MO

MARYVILLE MO

WASHINGTON MO

# knee

Based on Hospital Medicare Payment And Volume Measures

65102	COLE	5736325000
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64108	JACKSON	8164041000
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64108	JACKSON	8164041000
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64468	NODAWAY	6605622600
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63090	FRANKLIN	6362398000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14965.00	12
	\$3852.00 *	
	\$30098.00 *	
	\$17965.00 *	
	\$13198.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

260052

ST JOHNS MERCY HOSPITAL

901 EAST 5TH STREET

260052

ST JOHNS MERCY HOSPITAL

901 EAST 5TH STREET

260057

CAMERON REGIONAL MEDICAL  
CENTER

1600 E EVERGREEN

260059

ST JOHNS HOSPITAL-LEBANON

100 HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

WASHINGTON

MO

WASHINGTON

MO

CAMERON

MO

LEBANON

MO

# knee

Based on Hospital Medicare Payment And Volume Measures

63090

FRANKLIN

6362398000

63090

FRANKLIN

6362398000

64429

CLINTON

8166322101

65536

LACLEDE

4175336100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24728.00 \*

\$13893.00 \*

\$16809.00 \*

\$13686.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

260059	ST JOHNS HOSPITAL-LEBANON	100 HOSPITAL DRIVE
260062	ST LUKES NORTHLAND HOSPITAL	5830 N W BARRY ROAD
260064	AUDRAIN MEDICAL CENTER	620 E MONROE
260064	AUDRAIN MEDICAL CENTER	620 E MONROE
260065	ST JOHN'S REGIONAL HEALTH CENTER	1235 E CHEROKEE
260065	ST JOHN'S REGIONAL HEALTH CENTER	1235 E CHEROKEE

# knee

Based on Hospital Medicare Payment And Volume Measures

LEBANON	MO
---------	----

KANSAS CITY	MO
-------------	----

MEXICO	MO
--------	----

MEXICO	MO
--------	----

SPRINGFIELD	MO
-------------	----

SPRINGFIELD	MO
-------------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

65536	LACLEDE	4175336100
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64154	PLATTE	8168916000
-------	--------	------------

65265	AUDRAIN	5735825000
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65265	AUDRAIN	5735825000
-------	---------	------------

65804	GREENE	4178202000
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65804	GREENE	4178202000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23329.00 \*

\$17865.00 \*

\$17618.00 \*

\$14092.00 12

\$13864.00 22

\$17847.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

260065	ST JOHN'S REGIONAL HEALTH CENTER	1235 E CHEROKEE
260068	BOONE HOSPITAL CENTER	1600 E BROADWAY
260068	BOONE HOSPITAL CENTER	1600 E BROADWAY
260068	BOONE HOSPITAL CENTER	1600 E BROADWAY
260074	MOBERLY REGIONAL MEDICAL CENTER	1515 UNION AVE
260077	ST ANTHONY'S MEDICAL CENTER	10010 KENNERLY ROAD
260077	ST ANTHONY'S MEDICAL CENTER	10010 KENNERLY ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

SPRINGFIELD	MO
-------------	----

COLUMBIA	MO
----------	----

COLUMBIA	MO
----------	----

COLUMBIA	MO
----------	----

MOBERLY	MO
---------	----

SAINT LOUIS	MO
-------------	----

SAINT LOUIS	MO
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

65804	GREENE	4178202000
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65201	BOONE	5738158000
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65201	BOONE	5738158000
-------	-------	------------

65201	BOONE	5738158000
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65270	RANDOLPH	6602638400
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63128	SAINT LOUIS	3145251000
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63128	SAINT LOUIS	3145251000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17298.00	20
	\$15374.00	34
	\$22803.00 *	
	\$12297.00	25
	\$15913.00 *	
	\$15963.00 *	
	\$15927.00	32

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

260077	ST ANTHONY'S MEDICAL CENTER	10010 KENNERLY ROAD
260077	ST ANTHONY'S MEDICAL CENTER	10010 KENNERLY ROAD
260081	SSM ST CLARE HEALTH CENTER	1015 BOWLES

260081	SSM ST CLARE HEALTH CENTER	1015 BOWLES
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260081	SSM ST CLARE HEALTH CENTER	1015 BOWLES
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260085	ST JOSEPH MEDICAL CENTER	1000 CARONDELET DR
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT LOUIS MO

SAINT LOUIS MO

FENTON MO

FENTON MO

FENTON MO

KANSAS CITY MO

# knee

Based on Hospital Medicare Payment And Volume Measures

63128	SAINT LOUIS	3145251000
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63128	SAINT LOUIS	3145251000
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63026	JEFFERSON	6364962000
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63026	JEFFERSON	6364962000
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63026	JEFFERSON	6364962000
-------	-----------	------------

64114	JACKSON	8169424000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

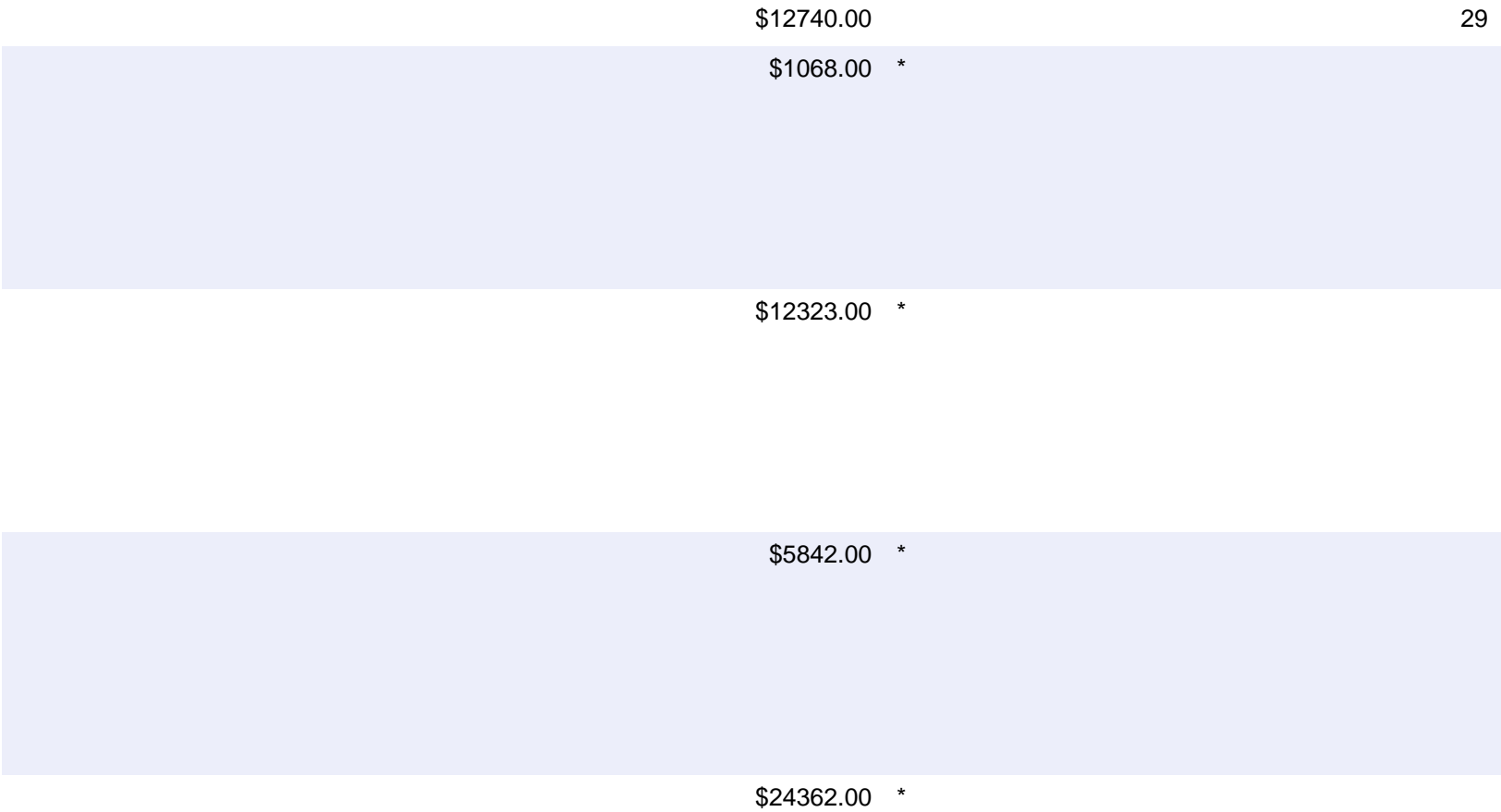
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

260085	ST JOSEPH MEDICAL CENTER	1000 CARONDELET DR
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260091	SSM ST MARYS HEALTH CENTER	6420 CLAYTON RD
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260091	SSM ST MARYS HEALTH CENTER	6420 CLAYTON RD
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260094	SKAGGS COMMUNITY HEALTH CENTER	PO BOX 650 BUS HWY 65 & SKAGGS RD
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260094	SKAGGS COMMUNITY HEALTH CENTER	PO BOX 650 BUS HWY 65 & SKAGGS RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

KANSAS CITY MO

RICHMOND  
HEIGHTS MO

RICHMOND  
HEIGHTS MO

BRANSON MO

BRANSON MO

# knee

Based on Hospital Medicare Payment And Volume Measures

64114	JACKSON	8169424000
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63117	SAINT LOUIS	3147688000
-------	-------------	------------

63117	SAINT LOUIS	3147688000
-------	-------------	------------

65616	TANEY	4173357000
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65616	TANEY	4173357000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15762.00 \*

\$19166.00 \*

\$1508.00 \*

\$11023.00 \*

\$15722.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

260094

SKAGGS COMMUNITY HEALTH  
CENTER

PO BOX 650 BUS HWY 65 &  
SKAGGS RD

260095

CENTERPOINT MEDICAL CENTER OF  
INDEPENDENCE, LLC

19600 EAST 39TH STREET

260095

CENTERPOINT MEDICAL CENTER OF  
INDEPENDENCE, LLC

19600 EAST 39TH STREET

260095

CENTERPOINT MEDICAL CENTER OF  
INDEPENDENCE, LLC

19600 EAST 39TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BRANSON

MO

INDEPENDENCE

MO

INDEPENDENCE

MO

INDEPENDENCE

MO



# knee

Based on Hospital Medicare Payment And Volume Measures

65616

TANEY

4173357000

64057

JACKSON

8166987000

64057

JACKSON

8166987000

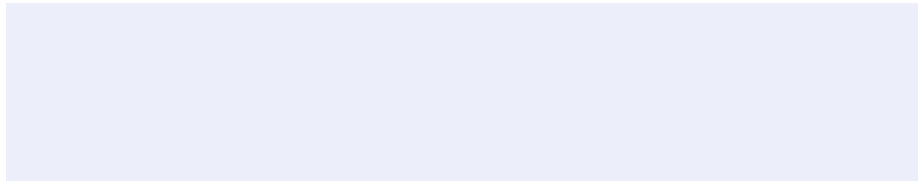
64057

JACKSON

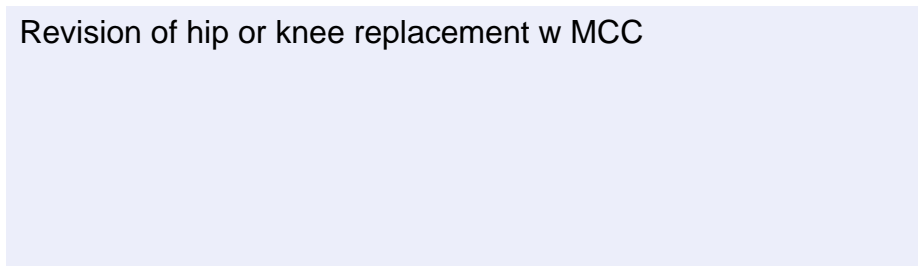
8166987000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19888.00 \*

\$25031.00 \*

\$16453.00 \*

\$13192.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

260096	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DRIVE
260096	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DRIVE
260096	NORTH KANSAS CITY HOSPITAL	2800 CLAY EDWARDS DRIVE
260097	WESTERN MISSOURI MEDICAL CENTER	403 BURKARTH ROAD
260102	TRUMAN MEDICAL CENTER LAKEWOOD	7900 LEE'S SUMMIT RD
260104	SSM DEPAUL HEALTH CENTER	12303 DEPAUL DRIVE
260104	SSM DEPAUL HEALTH CENTER	12303 DEPAUL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	NORTH KANSAS CITY	MO
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	NORTH KANSAS CITY	MO
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	NORTH KANSAS CITY	MO
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	WARRENSBURG	MO
--	-------------	----

	KANSAS CITY	MO
--	-------------	----

	BRIDGETON	MO
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	BRIDGETON	MO
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# knee

Based on Hospital Medicare Payment And Volume Measures

64116	CLAY	8166912000
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64116	CLAY	8166912000
-------	------	------------

64116	CLAY	8166912000
-------	------	------------

64093	JOHNSON	6607472500
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64139	JACKSON	8164047000
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63044	SAINT LOUIS	3143446000
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63044	SAINT LOUIS	3143446000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13135.00	11
	\$16420.00	16
	\$16457.00 *	
	\$18391.00 *	
	\$22565.00 *	
	\$15366.00	27
	\$25702.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

An asterisk (\*) appears in the  
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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

260104	SSM DEPAUL HEALTH CENTER	12303 DEPAUL DRIVE
260105	ST LOUIS UNIVERSITY HOSPITAL	3635 VISTA AVE
260108	MISSOURI BAPTIST MEDICAL CENTER	3015 N BALLAS RD
260108	MISSOURI BAPTIST MEDICAL CENTER	3015 N BALLAS RD
260108	MISSOURI BAPTIST MEDICAL CENTER	3015 N BALLAS RD
260110	SOUTHEAST MISSOURI HOSPITAL	1701 LACEY ST

# knee

Based on Hospital Medicare Payment And Volume Measures

BRIDGETON MO

SAINT LOUIS MO

TOWN AND  
COUNTRY MO

TOWN AND  
COUNTRY MO

TOWN AND  
COUNTRY MO

CAPE GIRARDEAU MO

# knee

Based on Hospital Medicare Payment And Volume Measures

63044	SAINT LOUIS	3143446000
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63110	SAINT LOUIS CITY	3145778000
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63131	SAINT LOUIS	3149965000
-------	-------------	------------

63131	SAINT LOUIS	3149965000
-------	-------------	------------

63131	SAINT LOUIS	3149965000
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63701	CAPE GIRARDEAU	5733344822
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14749.00	20
	\$5826.00 *	
	\$15975.00	25
	\$23703.00 *	
	\$12782.00	20
	\$13847.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

260119	POPLAR BLUFF REGIONAL MEDICAL CENTER	2620 N WESTWOOD BLVD
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260119	POPLAR BLUFF REGIONAL MEDICAL CENTER	2620 N WESTWOOD BLVD
--------	--------------------------------------	----------------------

260119	POPLAR BLUFF REGIONAL MEDICAL CENTER	2620 N WESTWOOD BLVD
--------	--------------------------------------	----------------------

260137	FREEMAN HEALTH SYSTEM - FREEMAN WEST	1102 WEST 32ND STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

POPLAR BLUFF MO

POPLAR BLUFF MO

POPLAR BLUFF MO

JOPLIN MO

# knee

Based on Hospital Medicare Payment And Volume Measures

63901

BUTLER

5736865313

63901

BUTLER

5736865313

63901

BUTLER

5736865313

64804

JASPER

4173471111

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

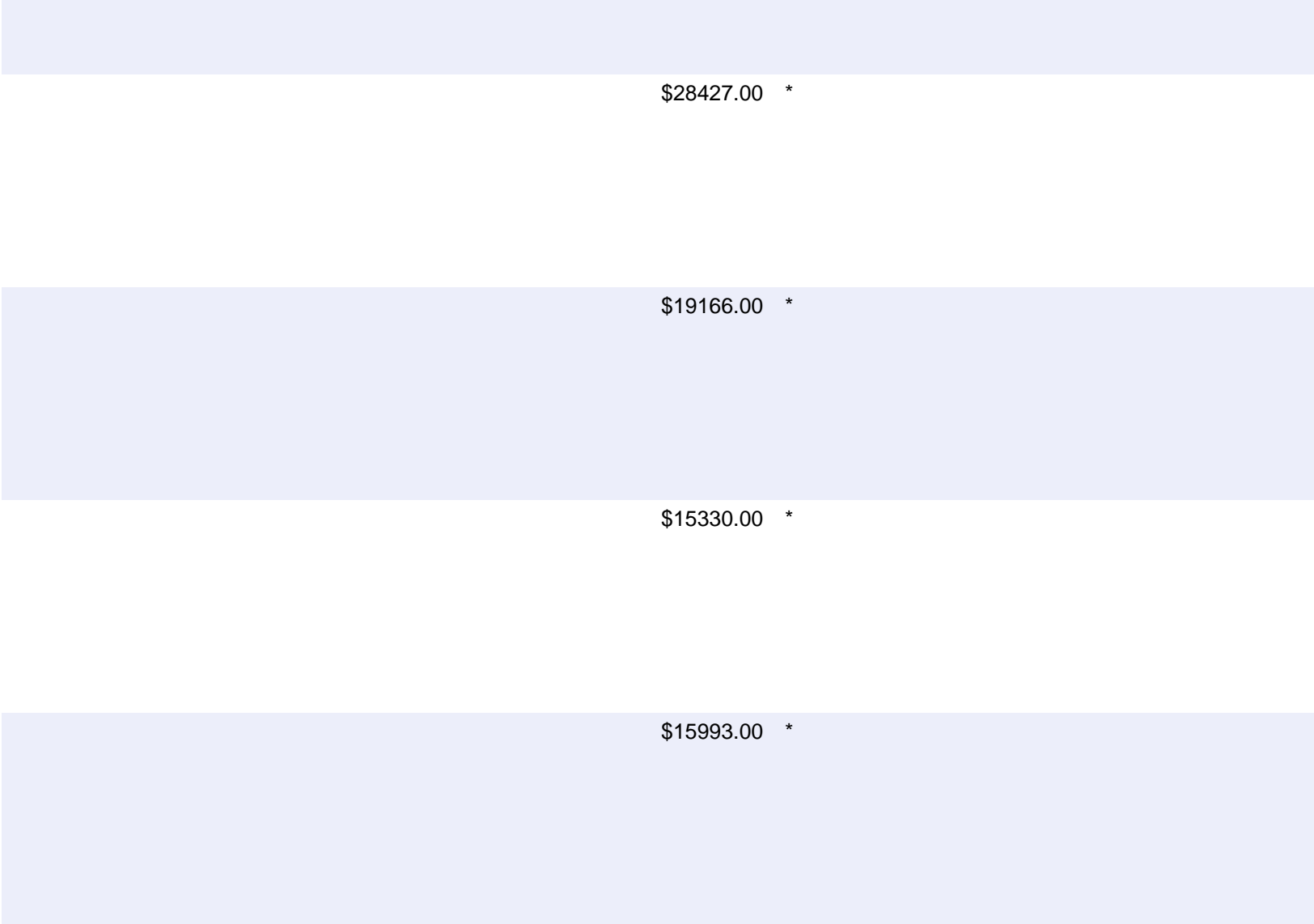
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$28427.00 *
2	\$19166.00 *
3	\$15993.00 *

\$28427.00 \*

\$19166.00 \*

\$15330.00 \*

\$15993.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

260137	FREEMAN HEALTH SYSTEM - FREEMAN WEST	1102 WEST 32ND STREET
260137	FREEMAN HEALTH SYSTEM - FREEMAN WEST	1102 WEST 32ND STREET

260138	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL ROAD
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260138	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL ROAD
--------	-------------------------------------	-------------------

260138	ST LUKES HOSPITAL OF KANSAS CITY	4401 WORNALL ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

JOPLIN MO

JOPLIN MO

KANSAS CITY MO

KANSAS CITY MO

KANSAS CITY MO



# knee

Based on Hospital Medicare Payment And Volume Measures

64804	JASPER	4173471111
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64804	JASPER	4173471111
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64111	JACKSON	8169322000
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64111	JACKSON	8169322000
-------	---------	------------

64111	JACKSON	8169322000
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19994.00

17

\$26049.00 \*

\$30516.00 \*

\$20314.00 \*

\$1604.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

260141	UNIVERSITY OF MISSOURI HEALTH CARE	ONE HOSPITAL DRIVE, ROOM CE121, DC031,00
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260141	UNIVERSITY OF MISSOURI HEALTH CARE	ONE HOSPITAL DRIVE, ROOM CE121, DC031,00
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260141	UNIVERSITY OF MISSOURI HEALTH CARE	ONE HOSPITAL DRIVE, ROOM CE121, DC031,00
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260162	BARNES-JEWISH WEST COUNTY HOSPITAL	12634 OLIVE BOULEVARD
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260162	BARNES-JEWISH WEST COUNTY HOSPITAL	12634 OLIVE BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBIA MO

COLUMBIA MO

COLUMBIA MO

CREVE COEUR MO

CREVE COEUR MO

# knee

Based on Hospital Medicare Payment And Volume Measures

65201	BOONE	5738824141
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65201	BOONE	5738824141
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65201	BOONE	5738824141
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63141	SAINT LOUIS	3149968000
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63141	SAINT LOUIS	3149968000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18661.00 \*

\$23242.00 \*



\$13924.00 27



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

260162	BARNES-JEWISH WEST COUNTY HOSPITAL	12634 OLIVE BOULEVARD
260176	DES PERES HOSPITAL	2345 DOUGHERTY FERRY ROAD
260176	DES PERES HOSPITAL	2345 DOUGHERTY FERRY ROAD
260176	DES PERES HOSPITAL	2345 DOUGHERTY FERRY ROAD
260177	LIBERTY HOSPITAL	2525 GLENN HENDREN DR
260177	LIBERTY HOSPITAL	2525 GLENN HENDREN DR
260178	WOMEN'S AND CHILDREN'S HOSPITAL	404 KEENE ST
260178	WOMEN'S AND CHILDREN'S HOSPITAL	404 KEENE ST

# knee

Based on Hospital Medicare Payment And Volume Measures

CREVE COEUR MO

SAINT LOUIS MO

SAINT LOUIS MO

SAINT LOUIS MO

LIBERTY MO

LIBERTY MO

COLUMBIA MO

COLUMBIA MO

# knee

Based on Hospital Medicare Payment And Volume Measures

63141	SAINT LOUIS	3149968000
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63122	SAINT LOUIS	3149669100
-------	-------------	------------

63122	SAINT LOUIS	3149669100
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63122	SAINT LOUIS	3149669100
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64069	CLAY	8167817200
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64069	CLAY	8167817200
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65201	BOONE	5738759200
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65201	BOONE	5738759200
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14557.00	15
	\$14070.00	63
	\$25386.00	14
	\$17591.00	32
	\$23044.00 *	
	\$13136.00 *	
	\$16101.00	30
	\$29857.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

260178	WOMEN'S AND CHILDREN'S HOSPITAL	404 KEENE ST
260179	ST LUKES HOSPITAL	232 S WOODS MILL RD
260179	ST LUKES HOSPITAL	232 S WOODS MILL RD

260179	ST LUKES HOSPITAL	232 S WOODS MILL RD
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260180	CHRISTIAN HOSPITAL NORTHEAST	11133 DUNN ROAD
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260180	CHRISTIAN HOSPITAL NORTHEAST	11133 DUNN ROAD
--------	------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBIA MO

CHESTERFIELD MO

CHESTERFIELD MO

CHESTERFIELD MO

SAINT LOUIS MO

SAINT LOUIS MO

# knee

Based on Hospital Medicare Payment And Volume Measures

65201	BOONE	5738759200
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63017	SAINT LOUIS	3144341500
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63017	SAINT LOUIS	3144341500
-------	-------------	------------

63017	SAINT LOUIS	3144341500
-------	-------------	------------

63136	SAINT LOUIS	3146535000
-------	-------------	------------

63136	SAINT LOUIS	3146535000
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20130.00	61
------------	----

\$16704.00	17
------------	----

\$24775.00	*
------------	---

\$13361.00	*
------------	---

\$13559.00	*
------------	---

\$25143.00	*
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# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

260180	CHRISTIAN HOSPITAL NORTHEAST	11133 DUNN ROAD
--------	------------------------------	-----------------

260183	ST FRANCIS MEDICAL CENTER	211 ST FRANCIS DR
--------	---------------------------	-------------------

260183	ST FRANCIS MEDICAL CENTER	211 ST FRANCIS DR
--------	---------------------------	-------------------

260186	LAKE REGIONAL HEALTH SYSTEM	54 HOSPITAL DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT LOUIS

MO

CAPE GIRARDEAU

MO

CAPE GIRARDEAU

MO

OSAGE BEACH

MO



# knee

Based on Hospital Medicare Payment And Volume Measures

63136	SAINT LOUIS	3146535000
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63703	CAPE GIRARDEAU	5733313000
-------	----------------	------------

63703	CAPE GIRARDEAU	5733313000
-------	----------------	------------

65065	CAMDEN	5733488000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16952.00 \*

\$17700.00 \*

\$14158.00 \*

\$16562.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

260186	LAKE REGIONAL HEALTH SYSTEM	54 HOSPITAL DRIVE
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260186	LAKE REGIONAL HEALTH SYSTEM	54 HOSPITAL DRIVE
--------	-----------------------------	-------------------

260190	LEE'S SUMMIT MEDICAL CENTER	2100 SE BLUE PARKWAY
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260190	LEE'S SUMMIT MEDICAL CENTER	2100 SE BLUE PARKWAY
--------	-----------------------------	----------------------

260191	BARNES-JEWISH ST PETERS	10 HOSPITAL DR
--------	-------------------------	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

OSAGE BEACH

MO

OSAGE BEACH

MO

LEES SUMMIT

MO

LEES SUMMIT

MO

SAINT PETERS

MO

# knee

Based on Hospital Medicare Payment And Volume Measures

65065	CAMDEN	5733488000
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65065	CAMDEN	5733488000
-------	--------	------------

64063	JACKSON	8162825000
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64063	JACKSON	8162825000
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63376	SAINT CHARLES	6369169000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18005.00 \*

\$30794.00 \*

\$13144.00 \*

\$1068.00 \*

\$13362.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITAL

260193	ST MARY'S MEDICAL CENTER	201 NW R D MIZE RD
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260193	ST MARY'S MEDICAL CENTER	201 NW R D MIZE RD
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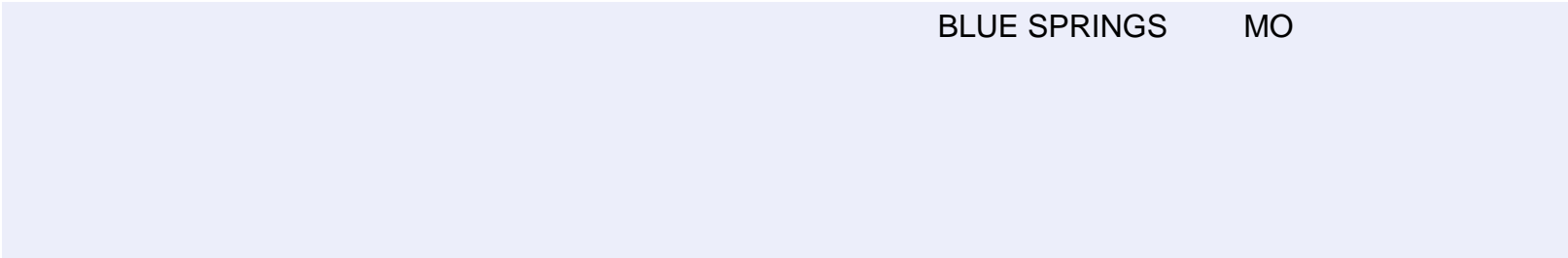
260193	ST MARY'S MEDICAL CENTER	201 NW R D MIZE RD
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260195	CITIZENS MEMORIAL HOSPITAL	1500 N OAKLAND
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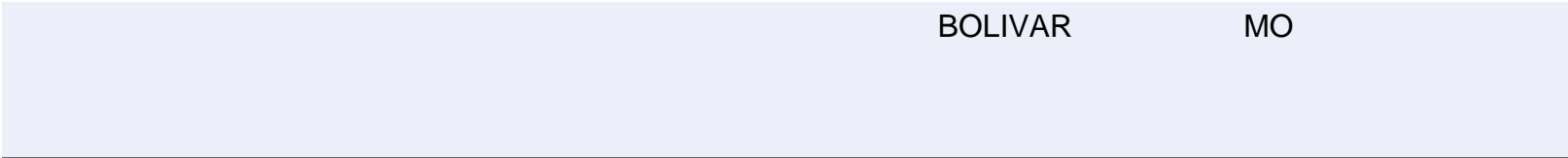
# knee

Based on Hospital Medicare Payment And Volume Measures

BLUE SPRINGS MO



BLUE SPRINGS MO



# knee

Based on Hospital Medicare Payment And Volume Measures

64014

JACKSON

8162285900

64014

JACKSON

8162285900

64014

JACKSON

8162285900

65613

POLK

4173266000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17328.00 \*

\$668.00 \*

\$667.00 \*

\$15251.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

260195	CITIZENS MEMORIAL HOSPITAL	1500 N OAKLAND
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260200	SSM ST JOSEPH HOSPITAL WEST	100 MEDICAL PLAZA
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260200	SSM ST JOSEPH HOSPITAL WEST	100 MEDICAL PLAZA
--------	-----------------------------	-------------------

260200	SSM ST JOSEPH HOSPITAL WEST	100 MEDICAL PLAZA
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260210	ST ALEXIUS HOSPITAL	3933 S BROADWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

BOLIVAR	MO
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LAKE SAINT LOUIS	MO
---------------------	----

LAKE SAINT LOUIS	MO
---------------------	----

LAKE SAINT LOUIS	MO
---------------------	----

SAINT LOUIS	MO
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

65613	POLK	4173266000
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63367	SAINT CHARLES	6366255200
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63367	SAINT CHARLES	6366255200
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63367	SAINT CHARLES	6366255200
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63118	SAINT LOUIS CITY	3148657000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

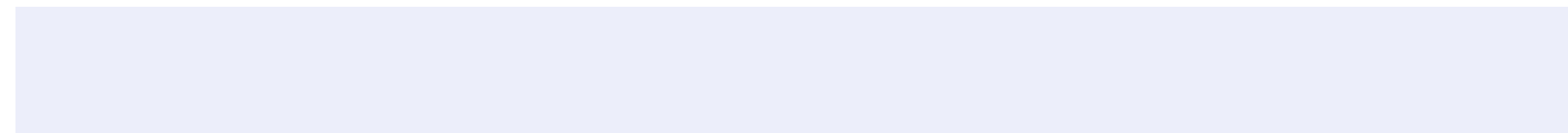
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$19066.00 \*



\$16589.00

13

\$24605.00 \*



\$13269.00 \*

\$27827.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

260214	RESEARCH BELTON HOSPITAL	17065 S 71 HIGHWAY
260214	RESEARCH BELTON HOSPITAL	17065 S 71 HIGHWAY
260216	SAINT LUKE'S EAST LEE'S SUMMIT HOSPITAL	100 N E SAINT LUKE'S BOULEVARD
260216	SAINT LUKE'S EAST LEE'S SUMMIT HOSPITAL	100 N E SAINT LUKE'S BOULEVARD
260219	PROGRESS WEST HEALTHCARE CENTER	2 PROGRESS POINT PKWY

# knee

Based on Hospital Medicare Payment And Volume Measures

BELTON MO

BELTON MO

LEES SUMMIT MO

LEES SUMMIT MO

O FALLON MO



# knee

Based on Hospital Medicare Payment And Volume Measures

64012	CASS	8163481236
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64012	CASS	8163481236
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64086	JACKSON	8163475000
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64086	JACKSON	8163475000
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63368	SAINT CHARLES	6363441000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13113.00

11

\$16394.00 \*

\$14294.00 \*

\$13113.00 \*

\$9797.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

260219	PROGRESS WEST HEALTHCARE CENTER	2 PROGRESS POINT PKWY
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270002	HOLY ROSARY HEALTHCARE	2600 WILSON ST
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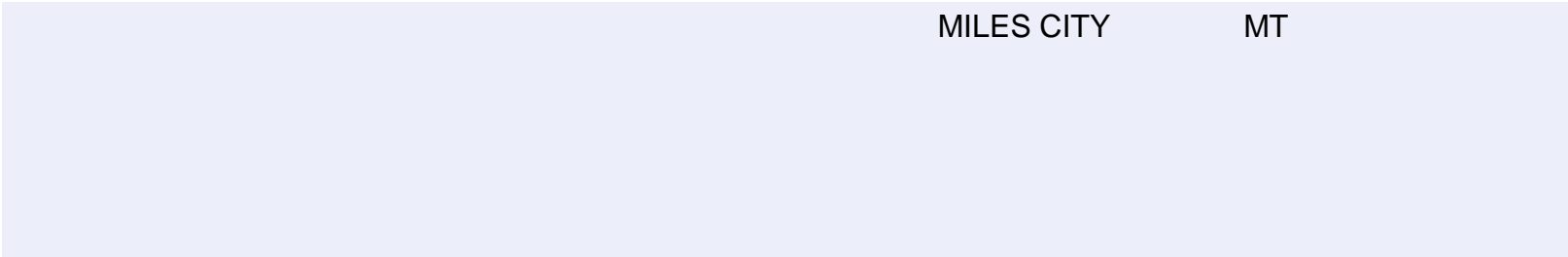
270003	ST PETER'S HOSPITAL	2475 BROADWAY
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270003	ST PETER'S HOSPITAL	2475 BROADWAY
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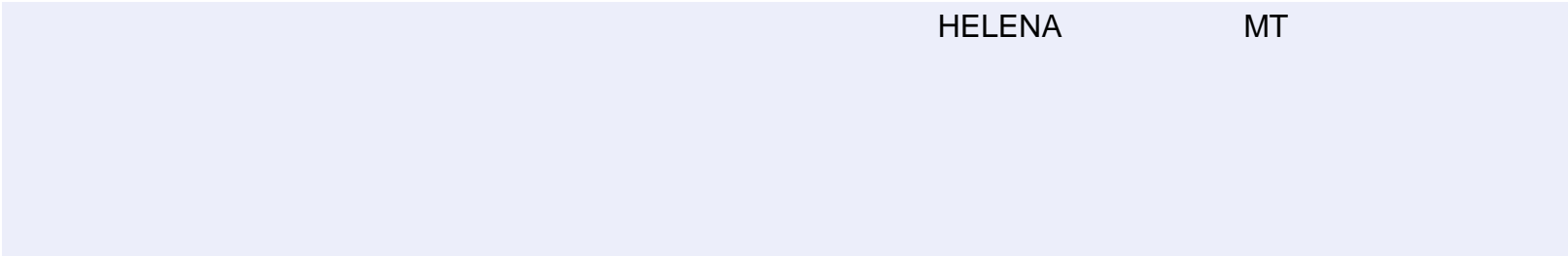
# knee

Based on Hospital Medicare Payment And Volume Measures

O FALLON MO



HELENA MT



# knee

Based on Hospital Medicare Payment And Volume Measures

63368

SAINT CHARLES

6363441000

59301

CUSTER

4062332600

59601

LEWIS AND CLARK

4064422100

59601

LEWIS AND CLARK

4064422100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$24877.00 \*

\$18781.00 \*

\$12890.00 \*

\$26240.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

270003	ST PETER'S HOSPITAL	2475 BROADWAY
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270004	BILLINGS CLINIC HOSPITAL	2800 10TH AVE N
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270004	BILLINGS CLINIC HOSPITAL	2800 10TH AVE N
--------	--------------------------	-----------------

270004	BILLINGS CLINIC HOSPITAL	2800 10TH AVE N
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270012	BENEFIS HOSPITALS INC	1101 26TH ST S
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270012	BENEFIS HOSPITALS INC	1101 26TH ST S
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# knee

Based on Hospital Medicare Payment And Volume Measures

HELENA MT

BILLINGS MT  
BILLINGS MT

BILLINGS MT

GREAT FALLS MT

GREAT FALLS MT

# knee

Based on Hospital Medicare Payment And Volume Measures

59601	LEWIS AND CLARK	4064422100
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59101	YELLOWSTONE	4066574000
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59101	YELLOWSTONE	4066574000
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59101	YELLOWSTONE	4066574000
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59405	CASCADE	4064555000
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59405	CASCADE	4064555000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16903.00 \*

\$17292.00

13

\$213.00 \*

\$13856.00 \*

\$14968.00 \*

\$27756.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

270012	BENEFIS HOSPITALS INC	1101 26TH ST S
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270014	ST PATRICK HOSPITAL AND HEALTH SCIENCES CENTER	500 W BROADWAY
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270014	ST PATRICK HOSPITAL AND HEALTH SCIENCES CENTER	500 W BROADWAY
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270014	ST PATRICK HOSPITAL AND HEALTH SCIENCES CENTER	500 W BROADWAY
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270017	ST JAMES HEALTHCARE	400 S CLARK ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

GREAT FALLS MT

MISSOULA MT

MISSOULA MT

MISSOULA MT

BUTTE MT

# knee

Based on Hospital Medicare Payment And Volume Measures

59405	CASCADE	4064555000
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59806	MISSOULA	4065437271
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59806	MISSOULA	4065437271
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59806	MISSOULA	4065437271
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59701	SILVER BOW	4067232500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18248.00 \*

\$15922.00	12
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\$23797.00 \*

\$12736.00	17
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\$18141.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

270017

ST JAMES HEALTHCARE

400 S CLARK ST

270017

ST JAMES HEALTHCARE

400 S CLARK ST

270023

COMMUNITY MEDICAL CENTER INC

2827 FORT MISSOULA RD

270023

COMMUNITY MEDICAL CENTER INC

2827 FORT MISSOULA RD

270023

COMMUNITY MEDICAL CENTER INC

2827 FORT MISSOULA RD

270049

ST VINCENT HEALTHCARE

1233 N 30TH ST

270049

ST VINCENT HEALTHCARE

1233 N 30TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

BUTTE

MT

BUTTE

MT

MISSOULA

MT

MISSOULA

MT

MISSOULA

MT

BILLINGS

MT

BILLINGS

MT



# knee

Based on Hospital Medicare Payment And Volume Measures

59701	SILVER BOW	4067232500
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59701	SILVER BOW	4067232500
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59804	MISSOULA	4067284100
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59804	MISSOULA	4067284100
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59804	MISSOULA	4067284100
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59107	YELLOWSTONE	4066577000
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59107	YELLOWSTONE	4066577000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$33209.00 \*

\$29075.00 \*

\$19141.00 12

\$28280.00 \*

\$15369.00 11

\$14067.00 16

\$26035.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

270049	ST VINCENT HEALTHCARE	1233 N 30TH ST
270051	KALISPELL REGIONAL MEDICAL CENTER	310 SUNNYVIEW LANE
270051	KALISPELL REGIONAL MEDICAL CENTER	310 SUNNYVIEW LANE
270051	KALISPELL REGIONAL MEDICAL CENTER	310 SUNNYVIEW LANE
270057	BOZEMAN DEACONESS HOSPITAL	915 HIGHLAND BLVD
270057	BOZEMAN DEACONESS HOSPITAL	915 HIGHLAND BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

BILLINGS MT

KALISPELL MT

KALISPELL MT

KALISPELL MT

BOZEMAN MT

BOZEMAN MT

# knee

Based on Hospital Medicare Payment And Volume Measures

59107	YELLOWSTONE	4066577000
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59901	FLATHEAD	4067521774
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59901	FLATHEAD	4067521774
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59901	FLATHEAD	4067521774
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59715	GALLATIN	4065855000
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59715	GALLATIN	4065855000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17553.00 31

\$16708.00 \*

\$16754.00 \*

\$13364.00 \*

\$12762.00 12

\$21637.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

270057	BOZEMAN DEACONESS HOSPITAL	915 HIGHLAND BLVD
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270086	GREAT FALLS CLINIC MEDICAL CENTER	1411 9TH ST S
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270086	GREAT FALLS CLINIC MEDICAL CENTER	1411 9TH ST S
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270087	HEALTH CENTER NORTHWEST	320 SUNNYVIEW LANE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BOZEMAN

MT

GREAT FALLS

MT

GREAT FALLS

MT

KALISPELL

MT

# knee

Based on Hospital Medicare Payment And Volume Measures

59715	GALLATIN	4065855000
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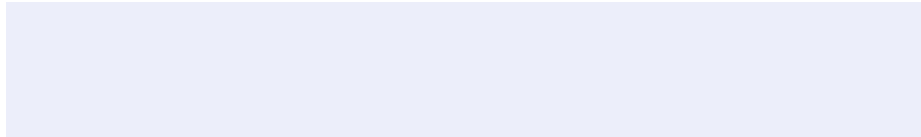
59405	CASCADE	4067275577
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59405	CASCADE	4067275577
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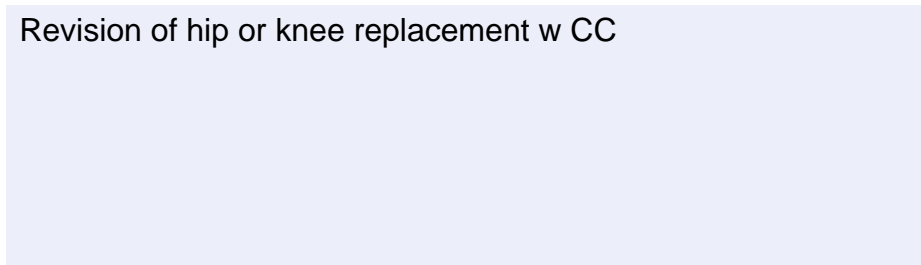
59901	FLATHEAD	4067521724
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# knee

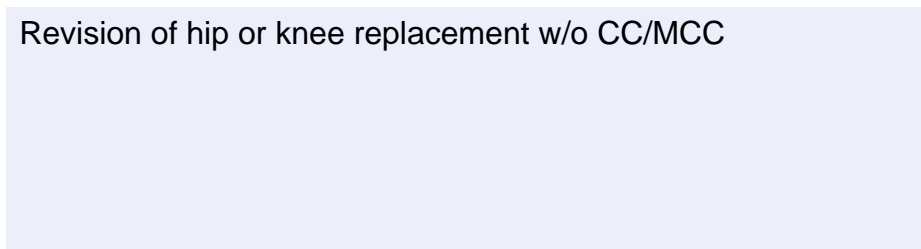
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14800.00 \*

\$14270.00 \*

\$12451.00 \*

\$12417.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

270087	HEALTH CENTER NORTHWEST	320 SUNNYVIEW LANE
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280003	BRYANLGH MEDICAL CENTER	1600 SOUTH 48TH ST
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280003	BRYANLGH MEDICAL CENTER	1600 SOUTH 48TH ST
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280003	BRYANLGH MEDICAL CENTER	1600 SOUTH 48TH ST
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280009	GOOD SAMARITAN HOSPITAL	P O BOX 1990, 10 EAST 31ST ST
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280009	GOOD SAMARITAN HOSPITAL	P O BOX 1990, 10 EAST 31ST ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

KALISPELL	MT
-----------	----

LINCOLN	NE
LINCOLN	NE

LINCOLN	NE
KEARNEY	NE

KEARNEY	NE
---------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

59901	FLATHEAD	4067521724
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68506	LANCASTER	4024890200
-------	-----------	------------

68506	LANCASTER	4024890200
-------	-----------	------------

68506	LANCASTER	4024890200
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68848	BUFFALO	3088657900
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68848	BUFFALO	3088657900
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16618.00 \*

\$18063.00

17

\$26792.00 \*

\$14448.00

15

\$13529.00 \*

\$24991.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

280009	GOOD SAMARITAN HOSPITAL	P O BOX 1990, 10 EAST 31ST ST
280013	THE NEBRASKA MEDICAL CENTER	987400 NEBRASKA MEDICAL CENTER
280013	THE NEBRASKA MEDICAL CENTER	987400 NEBRASKA MEDICAL CENTER
280013	THE NEBRASKA MEDICAL CENTER	987400 NEBRASKA MEDICAL CENTER
280020	SAINT ELIZABETH REGIONAL MEDICAL CENTER	555 SOUTH 70TH ST
280020	SAINT ELIZABETH REGIONAL MEDICAL CENTER	555 SOUTH 70TH ST
280020	SAINT ELIZABETH REGIONAL MEDICAL CENTER	555 SOUTH 70TH ST
280023	ST FRANCIS MEDICAL CENTER	2620 WEST FAIDLEY AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

KEARNEY	NE
---------	----

OMAHA	NE
-------	----

OMAHA	NE
-------	----

OMAHA	NE
-------	----

LINCOLN	NE
---------	----

LINCOLN	NE
---------	----

LINCOLN	NE
---------	----

GRAND ISLAND	NE
--------------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

68848	BUFFALO	3088657900
68198	DOUGLAS	4025522040
68198	DOUGLAS	4025522040
68198	DOUGLAS	4025522040
68510	LANCASTER	4022197700
68510	LANCASTER	4022197700
68510	LANCASTER	4022197700
68803	HALL	3083844600

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16914.00	23
	\$21558.00	20
	\$35643.00 *	
	\$17231.00	28
	\$14059.00	11
	\$63660.00 *	
	\$17972.00	21
	\$17393.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

280023	ST FRANCIS MEDICAL CENTER	2620 WEST FAIDLEY AVE
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280023	ST FRANCIS MEDICAL CENTER	2620 WEST FAIDLEY AVE
--------	---------------------------	-----------------------

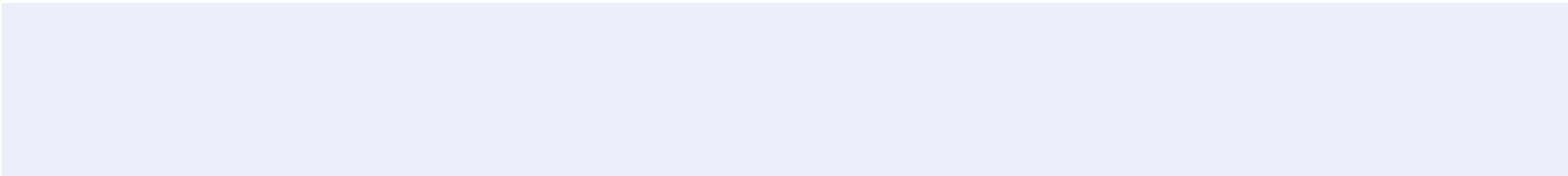
280030	CREIGHTON UNIVERSITY MEDICAL CENTER - SAINT JOSEPH	601 NORTH 30TH ST
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280030	CREIGHTON UNIVERSITY MEDICAL CENTER - SAINT JOSEPH	601 NORTH 30TH ST
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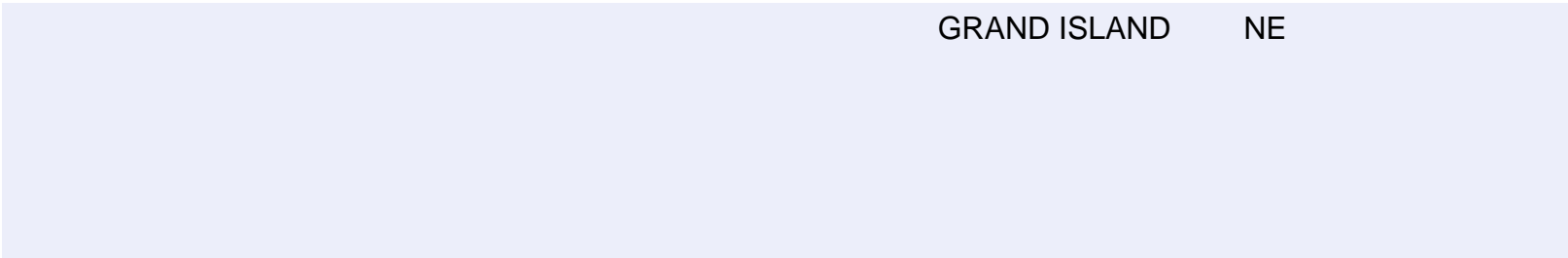
280030	CREIGHTON UNIVERSITY MEDICAL CENTER - SAINT JOSEPH	601 NORTH 30TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures



GRAND ISLAND NE



GRAND ISLAND NE



OMAHA NE

OMAHA NE

OMAHA NE

# knee

Based on Hospital Medicare Payment And Volume Measures

68803

HALL

3083844600

68803

HALL

3083844600

68131

DOUGLAS

4024494040

68131

DOUGLAS

4024494040

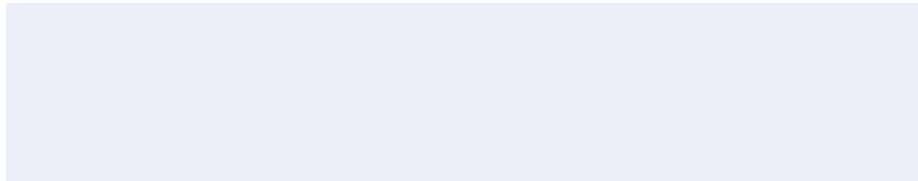
68131

DOUGLAS

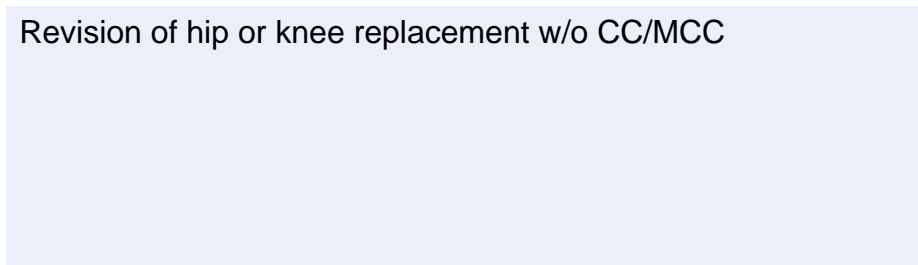
4024494040

# knee

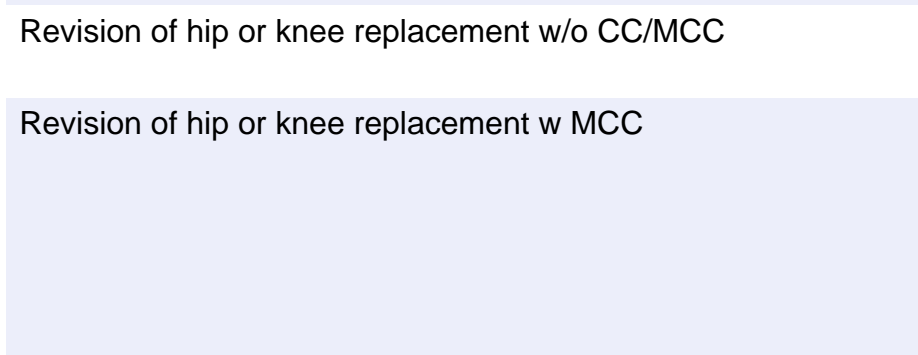
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$37670.00 *	
	\$13834.00 *	
	\$19957.00	15
	\$36723.00 *	
	\$24855.00	30

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

280032	MARY LANNING MEMORIAL HOSPITAL	715 N ST JOSEPH AVE
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280032	MARY LANNING MEMORIAL HOSPITAL	715 N ST JOSEPH AVE
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280032	MARY LANNING MEMORIAL HOSPITAL	715 N ST JOSEPH AVE
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280040	THE NEBRASKA METHODIST HOSPITAL	8303 DODGE ST
--------	------------------------------------	---------------

280040	THE NEBRASKA METHODIST HOSPITAL	8303 DODGE ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

HASTINGS NE

HASTINGS NE

HASTINGS NE

OMAHA NE

OMAHA NE

# knee

Based on Hospital Medicare Payment And Volume Measures

68901	ADAMS	4024634521
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68901	ADAMS	4024634521
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68901	ADAMS	4024634521
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68114	DOUGLAS	4023904000
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68114	DOUGLAS	4023904000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17493.00 \*

\$21262.00 \*

\$13992.00 \*

\$13355.00

12

\$22423.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)



# knee

Based on Hospital Medicare Payment And Volume Measures

280040	THE NEBRASKA METHODIST HOSPITAL	8303 DODGE ST
280060	ALEGENT HEALTH BERGAN MERCY MEDICAL CENTER	7500 MERCY RD
280060	ALEGENT HEALTH BERGAN MERCY MEDICAL CENTER	7500 MERCY RD
280060	ALEGENT HEALTH BERGAN MERCY MEDICAL CENTER	7500 MERCY RD
280061	REGIONAL WEST MEDICAL CENTER	4021 AVE B
280061	REGIONAL WEST MEDICAL CENTER	4021 AVE B
280061	REGIONAL WEST MEDICAL CENTER	4021 AVE B

# knee

Based on Hospital Medicare Payment And Volume Measures

OMAHA NE

OMAHA NE

OMAHA NE

OMAHA NE

SCOTTSDLUFF NE

SCOTTSDLUFF NE

SCOTTSDLUFF NE

# knee

Based on Hospital Medicare Payment And Volume Measures

68114	DOUGLAS	4023904000
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68124	DOUGLAS	4023986060
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68124	DOUGLAS	4023986060
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68124	DOUGLAS	4023986060
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69361	SCOTTS BLUFF	3086353711
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69361	SCOTTS BLUFF	3086353711
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69361	SCOTTS BLUFF	3086353711
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16693.00	13
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\$17128.00	23
------------	----

\$25767.00	12
------------	----

\$13896.00	28
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\$14016.00 *	
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\$27772.00 *	
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\$19181.00 *	
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# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

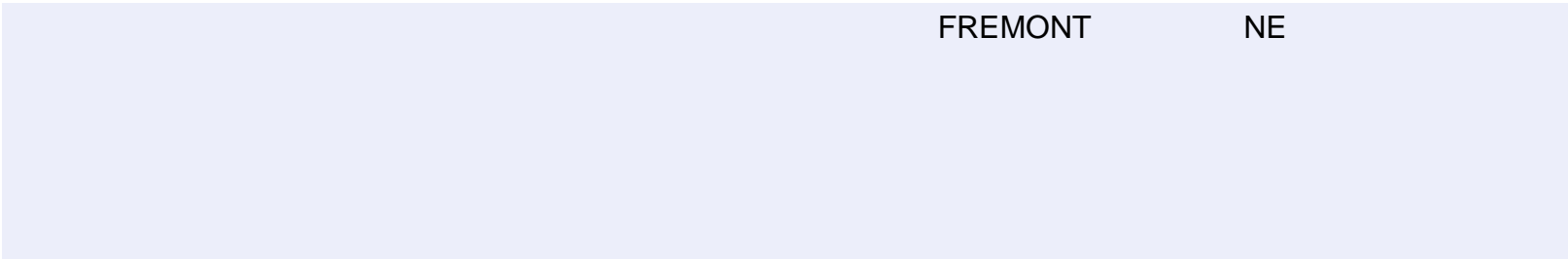
280065	GREAT PLAINS REGIONAL MEDICAL CENTER	601 WEST LEOTA ST
280077	FREMONT AREA MEDICAL CENTER	450 EAST 23RD ST
280077	FREMONT AREA MEDICAL CENTER	450 EAST 23RD ST
280081	ALEGENT HEALTH IMMANUEL MEDICAL CENTER	6901 NORTH 72ND ST
280081	ALEGENT HEALTH IMMANUEL MEDICAL CENTER	6901 NORTH 72ND ST

# knee

Based on Hospital Medicare Payment And Volume Measures

NORTH PLATTE NE

FREMONT NE



OMAHA NE





# knee

Based on Hospital Medicare Payment And Volume Measures

69101	LINCOLN	3086968000
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68025	DODGE	4027211610
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68025	DODGE	4027211610
-------	-------	------------

68122	DOUGLAS	4025722121
-------	---------	------------

68122	DOUGLAS	4025722121
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14389.00 \*

\$14644.00 \*

\$18211.00 \*

\$18661.00 \*

\$14927.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

280105

ALEGENT HEALTH MIDLANDS  
HOSPITAL

11111 SOUTH 84TH ST

280105

ALEGENT HEALTH MIDLANDS  
HOSPITAL

11111 SOUTH 84TH ST

280111

COLUMBUS COMMUNITY HOSPITAL

4600 38TH ST

280111

COLUMBUS COMMUNITY HOSPITAL

4600 38TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

PAPILLION

NE

PAPILLION

NE

COLUMBUS

NE

COLUMBUS

NE

# knee

Based on Hospital Medicare Payment And Volume Measures

68046

SARPY

4025933000

68046

SARPY

4025933000

68601

PLATTE

4025647118

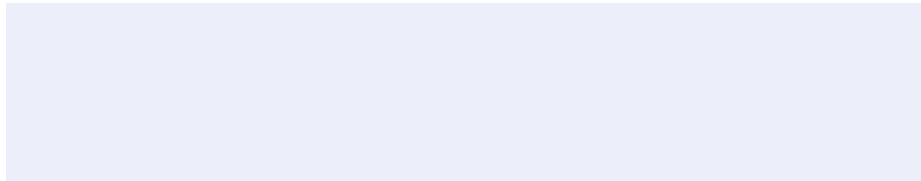
68601

PLATTE

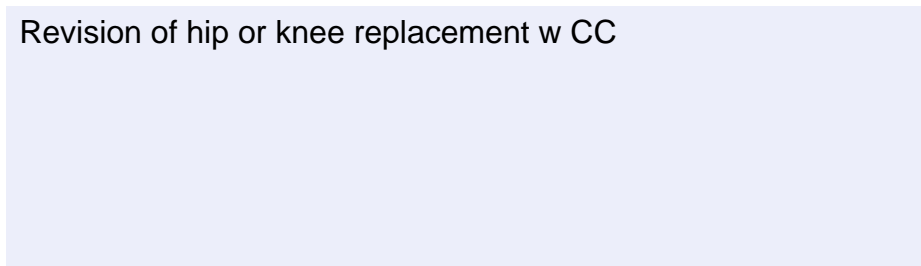
4025647118

# knee

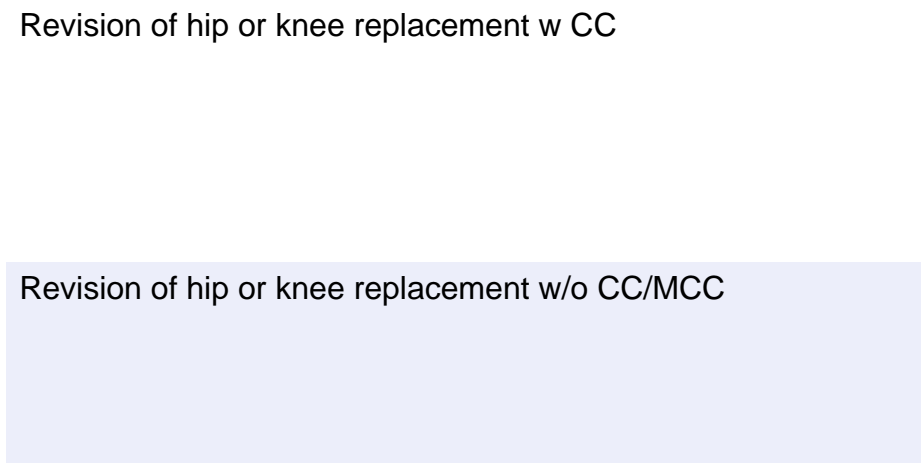
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13068.00 \*

\$13598.00 \*

\$16777.00 \*

\$15828.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

280125	FAITH REGIONAL HEALTH SERVICES	2700 WEST NORFOLK AVE
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280125	FAITH REGIONAL HEALTH SERVICES	2700 WEST NORFOLK AVE
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280127	LINCOLN SURGICAL HOSPITAL	1710 SOUTH 70TH ST, SUITE 200
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280127	LINCOLN SURGICAL HOSPITAL	1710 SOUTH 70TH ST, SUITE 200
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280129	NEBRASKA ORTHOPAEDIC HOSPITAL	2808 SOUTH 143RD PLZ
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280129	NEBRASKA ORTHOPAEDIC HOSPITAL	2808 SOUTH 143RD PLZ
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# knee

Based on Hospital Medicare Payment And Volume Measures

NORFOLK	NE
---------	----

NORFOLK	NE
LINCOLN	NE

LINCOLN	NE
---------	----

OMAHA	NE
-------	----

OMAHA	NE
-------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

68701	MADISON	4023714880
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68701	MADISON	4023714880
68506	LANCASTER	4024849090

68506	LANCASTER	4024849090
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68144	DOUGLAS	4026370600
-------	---------	------------

68144	DOUGLAS	4026370600
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16409.00 *	
	\$17820.00	17
	\$16270.00 *	
	\$13014.00 *	
	\$14503.00	27
	\$13052.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

280130	ALEGENT HEALTH LAKESIDE HOSPITAL	16901 LAKESIDE HILLS CT
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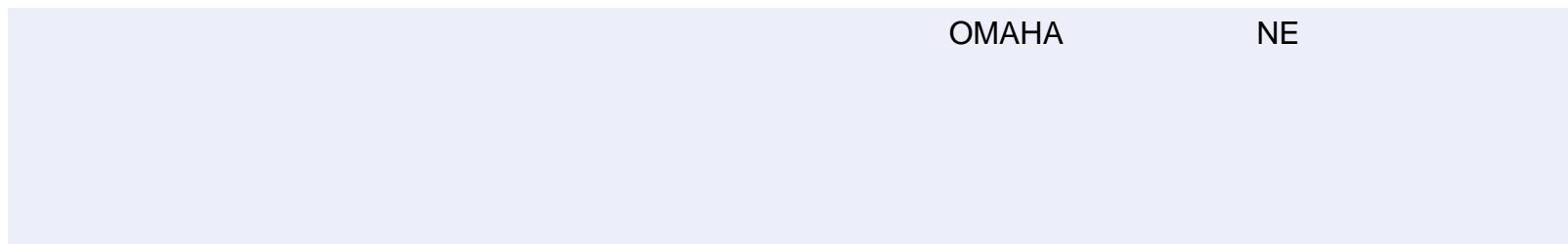
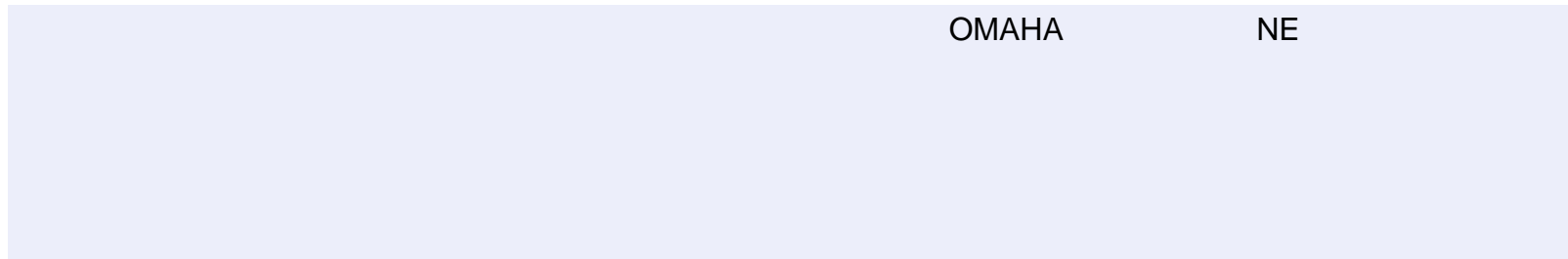
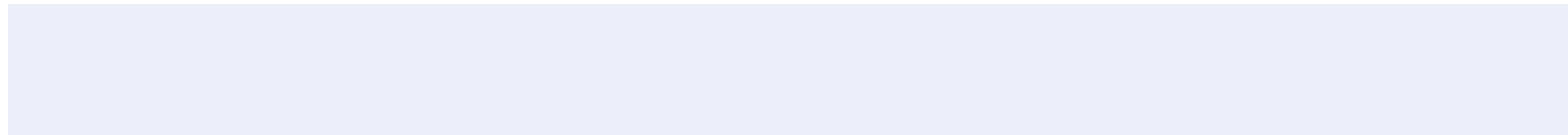
280130	ALEGENT HEALTH LAKESIDE HOSPITAL	16901 LAKESIDE HILLS CT
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280130	ALEGENT HEALTH LAKESIDE HOSPITAL	16901 LAKESIDE HILLS CT
--------	-------------------------------------	-------------------------

280131	MIDWEST SURGICAL HOSPITAL LLC	7915 FARNAM DRIVE
--------	-------------------------------	-------------------

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

68130	DOUGLAS	4027178000
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68130	DOUGLAS	4027178000
-------	---------	------------

68130	DOUGLAS	4027178000
-------	---------	------------

68114	DOUGLAS	4023991900
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13052.00 \*

\$40847.00 \*

\$14958.00 \*

\$12820.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

290001	RENOWN REGIONAL MEDICAL CENTER	1155 MILL STREET
290001	RENOWN REGIONAL MEDICAL CENTER	1155 MILL STREET
290001	RENOWN REGIONAL MEDICAL CENTER	1155 MILL STREET
290003	SUNRISE HOSPITAL AND MEDICAL CENTER	3186 S MARYLAND PKWY
290003	SUNRISE HOSPITAL AND MEDICAL CENTER	3186 S MARYLAND PKWY
290003	SUNRISE HOSPITAL AND MEDICAL CENTER	3186 S MARYLAND PKWY

# knee

Based on Hospital Medicare Payment And Volume Measures

	RENO	NV
	RENO	NV
	RENO	NV
	LAS VEGAS	NV
	LAS VEGAS	NV
	LAS VEGAS	NV



# knee

Based on Hospital Medicare Payment And Volume Measures

89502	WASHOE	7759824100
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89502	WASHOE	7759824100
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89502	WASHOE	7759824100
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89109	CLARK	7027318000
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89109	CLARK	7027318000
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89109	CLARK	7027318000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15520.00	16
	\$21682.00 *	
	\$29613.00 *	
	\$17290.00 *	
	\$23013.00	17
	\$9205.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

290006	BANNER CHURCHILL COMMUNITY HOSPITAL	801 EAST WILLIAMS AVENUE
290007	UMC OF SOUTHERN NEVADA	1800 W CHARLESTON BLVD
290007	UMC OF SOUTHERN NEVADA	1800 W CHARLESTON BLVD
290008	NORTHEASTERN NEVADA REGIONAL HOSPITAL	2001 ERRECART BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

FALLON

NV

LAS VEGAS

NV

LAS VEGAS

NV

ELKO

NV

# knee

Based on Hospital Medicare Payment And Volume Measures

89406	CHURCHILL	7754233151
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89102	CLARK	7023832000
-------	-------	------------

89102	CLARK	7023832000
-------	-------	------------

89801	ELKO	7757385151
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23844.00 \*

\$20545.00 \*

\$23565.00 \*

\$30149.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

290009	SAINT MARY'S REGIONAL MEDICAL CENTER	235 W 6TH ST
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290009	SAINT MARY'S REGIONAL MEDICAL CENTER	235 W 6TH ST
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290009	SAINT MARY'S REGIONAL MEDICAL CENTER	235 W 6TH ST
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290012	SAINT ROSE DOMINICAN HOSPITAL - DE LIMA	102 E LAKE MEAD DR
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290012	SAINT ROSE DOMINICAN HOSPITAL -	102 E LAKE MEAD DR
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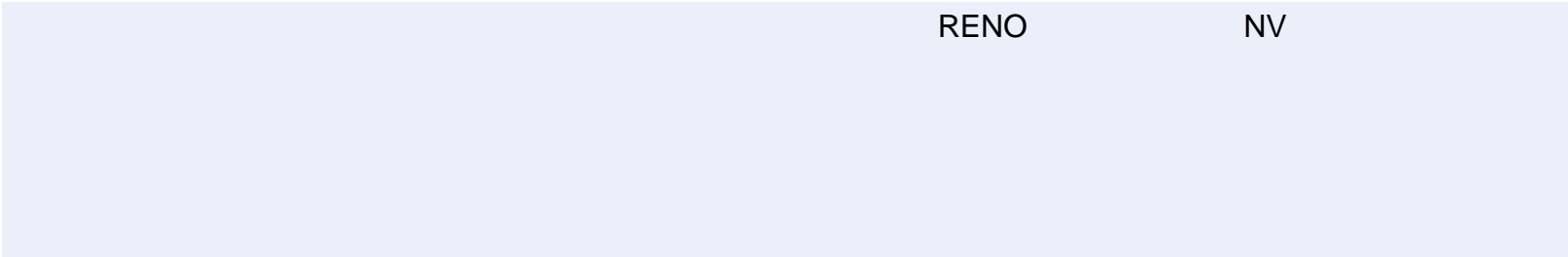
# knee

Based on Hospital Medicare Payment And Volume Measures



RENO

NV



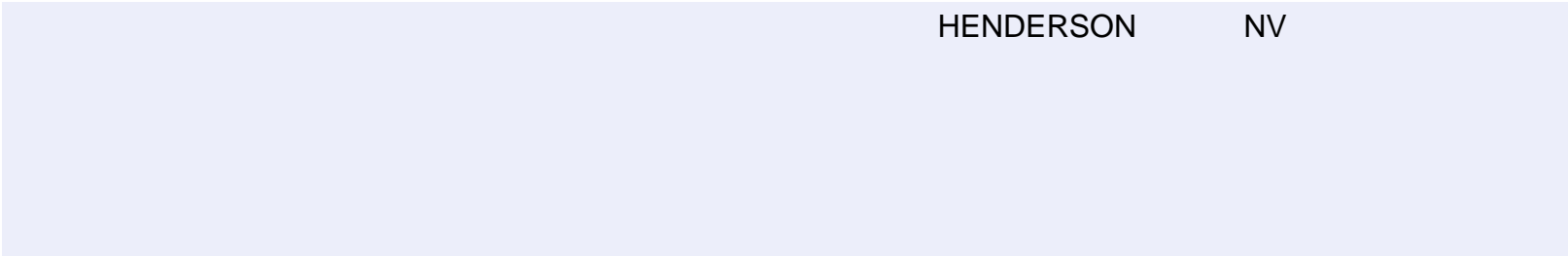
RENO

NV



RENO

NV



HENDERSON

NV



HENDERSON

NV

# knee

Based on Hospital Medicare Payment And Volume Measures

89503

WASHOE

7757703000

89503

WASHOE

7757703000

89503

WASHOE

7757703000

89015

CLARK

7026165000

89015

CLARK

7026165000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14498.00 \*

\$18121.00 \*

\$26902.00 \*

\$61059.00 \*

\$19810.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## DE LIMA

290012	SAINT ROSE DOMINICAN HOSPITAL - DE LIMA	102 E LAKE MEAD DR
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290019	CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY
--------	---	----------------------

290019	CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY
--------	---	----------------------

290019	CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY
--------	---	----------------------

290022	DESERT SPRINGS HOSPITAL	2075 EAST FLAMINGO ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

	HENDERSON	NV
	CARSON CITY	NV
	CARSON CITY	NV
	CARSON CITY	NV
	LAS VEGAS	NV

# knee

Based on Hospital Medicare Payment And Volume Measures

89015	CLARK	7026165000
-------	-------	------------

89703	CARSON CITY	7754458000
-------	-------------	------------

89703	CARSON CITY	7754458000
-------	-------------	------------

89703	CARSON CITY	7754458000
-------	-------------	------------

89119	CLARK	7023697610
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15840.00 \*

\$17666.00 \*

\$22086.00

12

\$25736.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

290022	DESERT SPRINGS HOSPITAL	2075 EAST FLAMINGO ROAD
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290022	DESERT SPRINGS HOSPITAL	2075 EAST FLAMINGO ROAD
--------	-------------------------	-------------------------

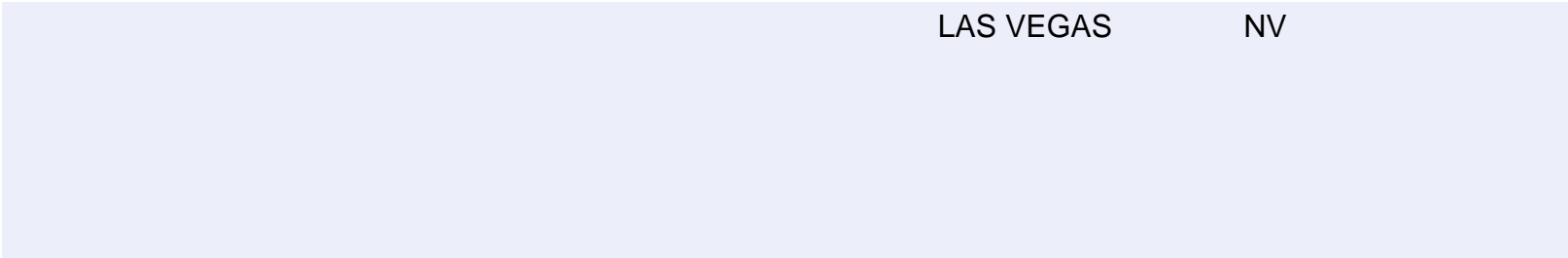
290032	NORTHERN NEVADA MEDICAL CENTER	2375 PRATER WAY
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290032	NORTHERN NEVADA MEDICAL CENTER	2375 PRATER WAY
--------	-----------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LAS VEGAS NV



SPARKS NV





# knee

Based on Hospital Medicare Payment And Volume Measures

89119

CLARK

7023697610

89119

CLARK

7023697610

89434

WASHOE

7753317000

89434

WASHOE

7753317000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$10292.00 \*

\$17536.00 \*

\$14027.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

290039

MOUNTAINVIEW HOSPITAL

3100 N TENAYA

290039

MOUNTAINVIEW HOSPITAL

3100 N TENAYA

290039

MOUNTAINVIEW HOSPITAL

3100 N TENAYA

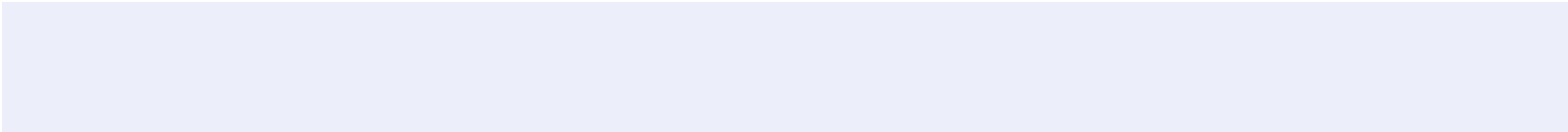
290041

SUMMERLIN HOSPITAL MEDICAL  
CENTER

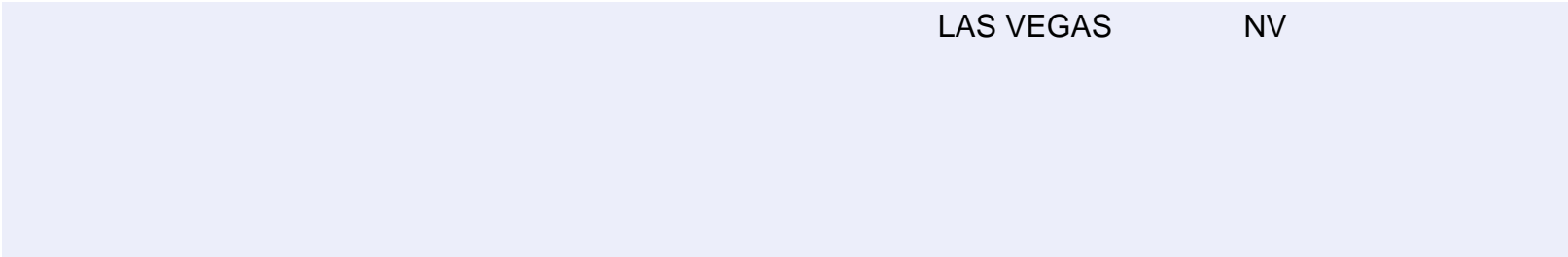
657 TOWN CENTER DRIVE

# knee

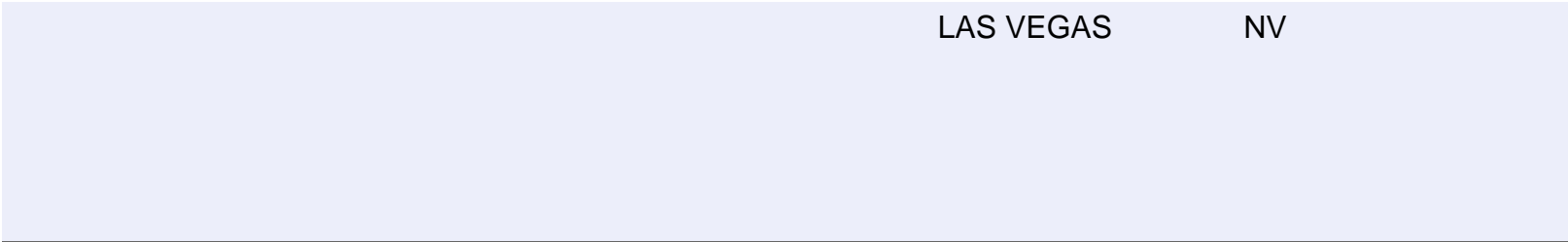
Based on Hospital Medicare Payment And Volume Measures



LAS VEGAS NV



LAS VEGAS NV



LAS VEGAS NV

# knee

Based on Hospital Medicare Payment And Volume Measures

89128	CLARK	7022555000
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89128	CLARK	7022555000
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89128	CLARK	7022555000
-------	-------	------------

89144	CLARK	7022337500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15812.00 \*

\$29191.00 \*

\$19681.00 \*

\$74.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

290041	SUMMERLIN HOSPITAL MEDICAL CENTER	657 TOWN CENTER DRIVE
290045	SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPUS	3001 ST ROSE PARKWAY
290045	SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPUS	3001 ST ROSE PARKWAY
290045	SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPUS	3001 ST ROSE PARKWAY
290046	SPRING VALLEY HOSPITAL MEDICAL CENTER	5400 SOUTH RAINBOW BLVD
290046	SPRING VALLEY HOSPITAL MEDICAL CENTER	5400 SOUTH RAINBOW BLVD
290046	SPRING VALLEY HOSPITAL MEDICAL	5400 SOUTH RAINBOW BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

LAS VEGAS	NV
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HENDERSON	NV
-----------	----

HENDERSON	NV
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HENDERSON	NV
-----------	----

LAS VEGAS	NV
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LAS VEGAS	NV
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LAS VEGAS	NV
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# knee

Based on Hospital Medicare Payment And Volume Measures

89144	CLARK	7022337500
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89052	CLARK	7026165000
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89052	CLARK	7026165000
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89052	CLARK	7026165000
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89118	CLARK	7028533000
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89118	CLARK	7028533000
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89118	CLARK	7028533000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$11824.00 *	
	\$15161.00	21
	\$18996.00 *	
	\$16796.00	41
	\$8722.00	22
	\$16385.00 *	
	\$16192.00	49

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

290047	CENTER SOUTHERN HILLS HOSPITAL AND MEDICAL CENTER	9300 WEST SUNSET
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290047	SOUTHERN HILLS HOSPITAL AND MEDICAL CENTER	9300 WEST SUNSET
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290049	RENOWN SOUTH MEADOWS MEDICAL CENTER	10101 DOUBLE R BLVD
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290049	RENOWN SOUTH MEADOWS MEDICAL CENTER	10101 DOUBLE R BLVD
--------	--	---------------------

290051	SIERRA SURGERY HOSPITAL	1400 MEDICAL PKWY
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# knee

Based on Hospital Medicare Payment And Volume Measures

LAS VEGAS

NV

LAS VEGAS

NV

RENO

NV

RENO

NV

CARSON CITY

NV

# knee

Based on Hospital Medicare Payment And Volume Measures

89148

CLARK

7028802100

89148

CLARK

7028802100

89521

CARSON CITY

7759827056

89521

CARSON CITY

7759827056

89703

CARSON CITY

7758831700

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20085.00 \*

\$10842.00 \*

\$14614.00 \*

\$14027.00 \*

\$15355.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

290054	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	6900 N DURANGO DR
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290054	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	6900 N DURANGO DR
--------	---	-------------------

290054	CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	6900 N DURANGO DR
--------	---	-------------------

300001	CONCORD HOSPITAL	250 PLEASANT ST
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300001	CONCORD HOSPITAL	250 PLEASANT ST
--------	------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

	LAS VEGAS	NV
	LAS VEGAS	NV
	LAS VEGAS	NV
	CONCORD	NH
	CONCORD	NH



# knee

Based on Hospital Medicare Payment And Volume Measures

89149	CLARK	7028359700
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89149	CLARK	7028359700
-------	-------	------------

89149	CLARK	7028359700
-------	-------	------------

03301	MERRIMACK	6032252711
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03301	MERRIMACK	6032252711
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$10176.00 \*



\$18420.00 14



\$19515.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

300001	CONCORD HOSPITAL	250 PLEASANT ST
300003	MARY HITCHCOCK MEMORIAL HOSPITAL	1 MEDICAL CENTER DRIVE
300003	MARY HITCHCOCK MEMORIAL HOSPITAL	1 MEDICAL CENTER DRIVE
300003	MARY HITCHCOCK MEMORIAL HOSPITAL	1 MEDICAL CENTER DRIVE
300005	LAKES REGION GENERAL HOSPITAL	80 HIGHLAND ST
300005	LAKES REGION GENERAL HOSPITAL	80 HIGHLAND ST

# knee

Based on Hospital Medicare Payment And Volume Measures

CONCORD NH

LEBANON NH

LEBANON NH

LEBANON NH

LACONIA NH

LACONIA NH

# knee

Based on Hospital Medicare Payment And Volume Measures

03301	MERRIMACK	6032252711
03756	GRAFTON	6036505000
03756	GRAFTON	6036505000

03756	GRAFTON	6036505000
03246	BELKNAP	6035243211

03246	BELKNAP	6035243211
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15638.00 23

\$20865.00 20

\$38959.00 \*

\$26085.00 31

\$18149.00 \*

\$27303.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

300005	LAKES REGION GENERAL HOSPITAL	80 HIGHLAND ST
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300011	ST JOSEPH HOSPITAL	172 KINSLEY ST
--------	--------------------	----------------

300011	ST JOSEPH HOSPITAL	172 KINSLEY ST
--------	--------------------	----------------

300011	ST JOSEPH HOSPITAL	172 KINSLEY ST
--------	--------------------	----------------

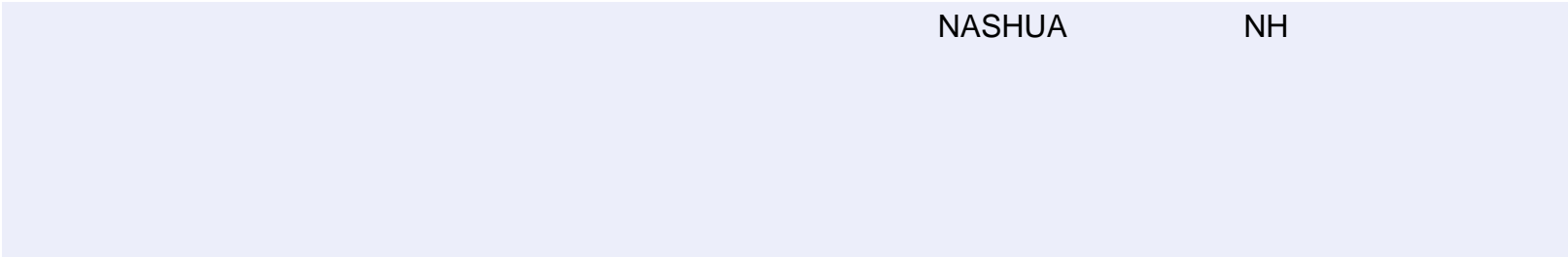
# knee

Based on Hospital Medicare Payment And Volume Measures



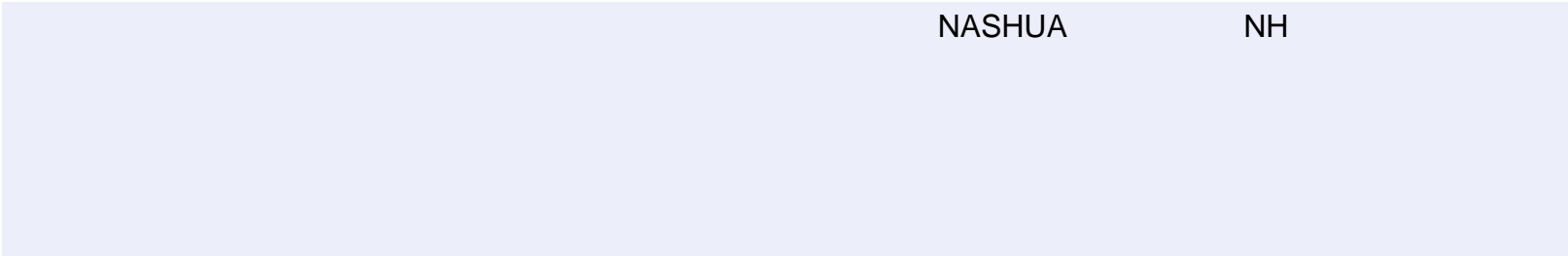
LACONIA

NH



NASHUA

NH



NASHUA

NH

# knee

Based on Hospital Medicare Payment And Volume Measures

03246

BELKNAP

6035243211

03060

HILLSBOROUGH

6038823000

03060

HILLSBOROUGH

6038823000

03060

HILLSBOROUGH

6038823000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14931.00 \*

\$14532.00 \*

\$90929.00 \*

\$37366.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

300012

ELLIOT HOSPITAL

1 ELLIOT WAY

300012

ELLIOT HOSPITAL

1 ELLIOT WAY

300014

FRISBIE MEMORIAL HOSPITAL

11 WHITEHALL ROAD

300014

FRISBIE MEMORIAL HOSPITAL

11 WHITEHALL ROAD

300014

FRISBIE MEMORIAL HOSPITAL

11 WHITEHALL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

MANCHESTER NH

MANCHESTER NH

ROCHESTER NH

ROCHESTER NH

ROCHESTER NH

# knee

Based on Hospital Medicare Payment And Volume Measures

03103	HILLSBOROUGH	6036695300
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03103	HILLSBOROUGH	6036695300
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03867	STRAFFORD	6033325211
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03867	STRAFFORD	6033325211
-------	-----------	------------

03867	STRAFFORD	6033325211
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19469.00 \*

\$15510.00 \*

\$17058.00 \*

\$28157.00 \*

\$17364.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

300018

WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVE

300018

WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVE

300018

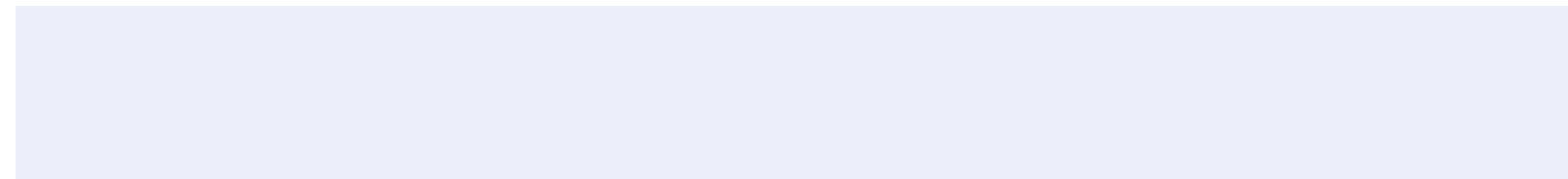
WENTWORTH-DOUGLASS HOSPITAL 789 CENTRAL AVE

300019

CHESHIRE MEDICAL CENTER 580 COURT STREET

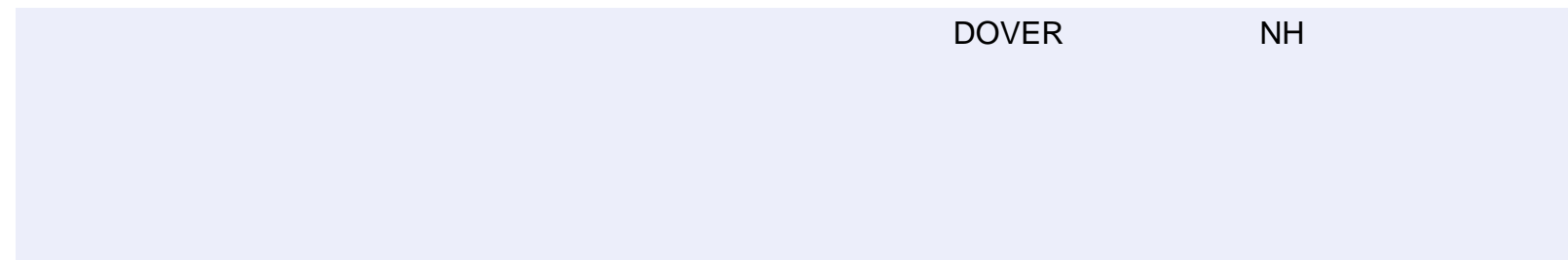
# knee

Based on Hospital Medicare Payment And Volume Measures



DOVER

NH

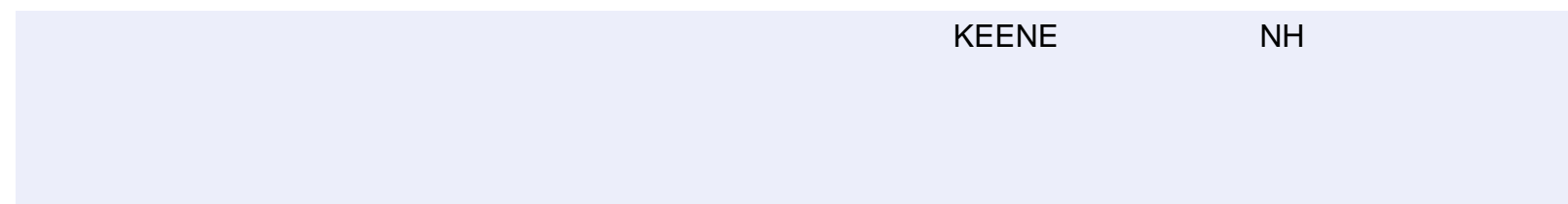


DOVER

NH

DOVER

NH



KEENE

NH



# knee

Based on Hospital Medicare Payment And Volume Measures

03820

STRAFFORD

6037402580

03820

STRAFFORD

6037402580

03820

STRAFFORD

6037402580

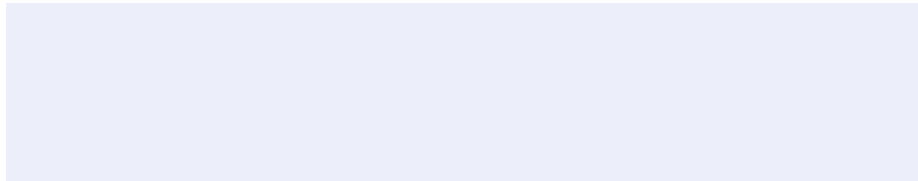
03431

CHESHIRE

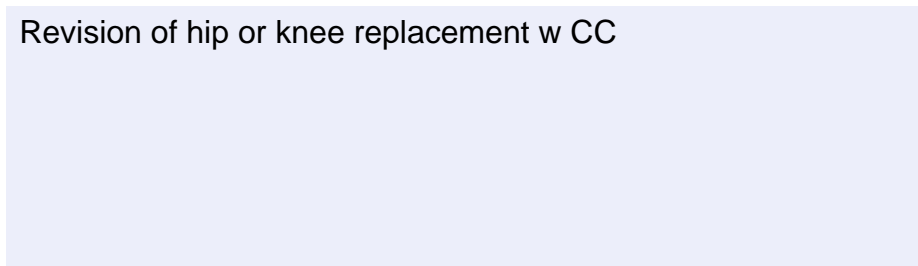
6033545400

# knee

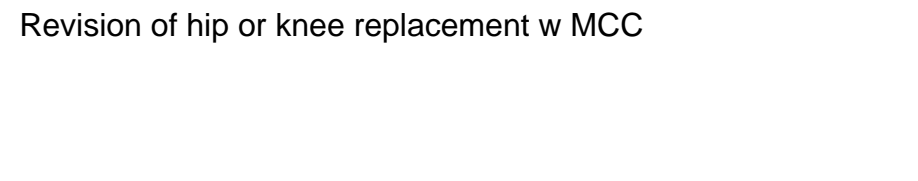
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24093.00 \*

\$18672.00 \*

\$42384.00 \*

\$20158.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

300019	CHESHIRE MEDICAL CENTER	580 COURT STREET
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300019	CHESHIRE MEDICAL CENTER	580 COURT STREET
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300020	SOUTHERN NH MEDICAL CENTER	8 PROSPECT STREET
--------	----------------------------	-------------------

300020	SOUTHERN NH MEDICAL CENTER	8 PROSPECT STREET
--------	----------------------------	-------------------

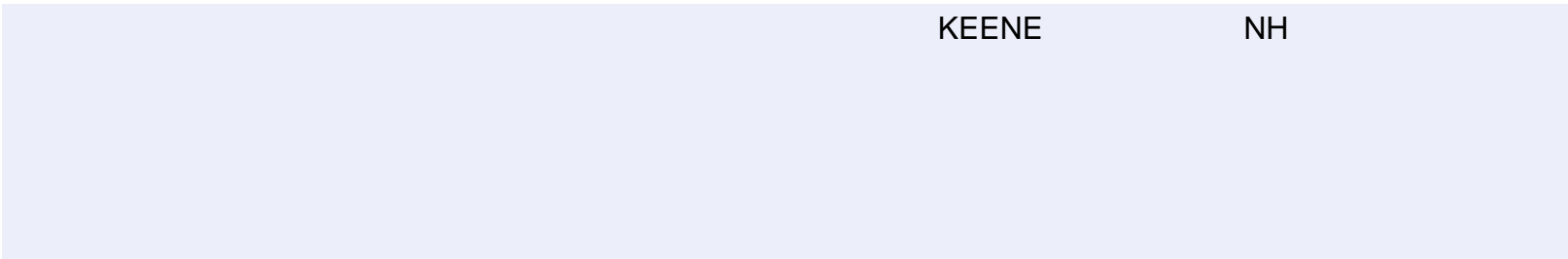
# knee

Based on Hospital Medicare Payment And Volume Measures



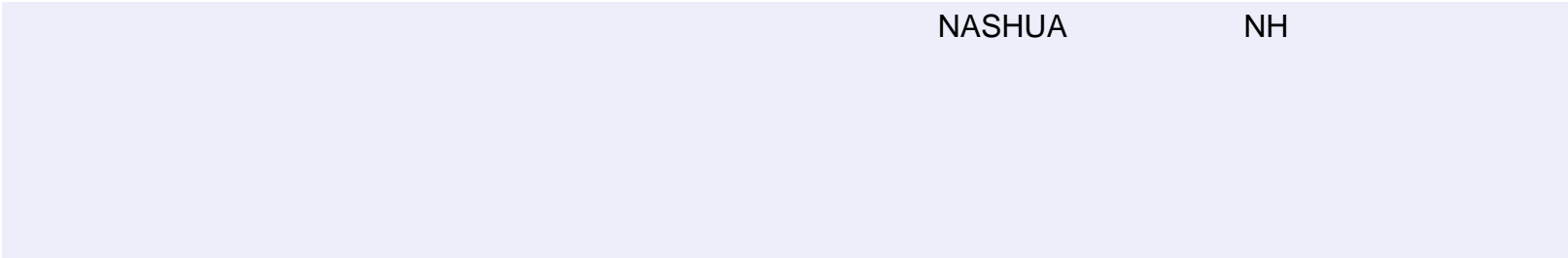
KEENE

NH



KEENE

NH



NASHUA

NH

# knee

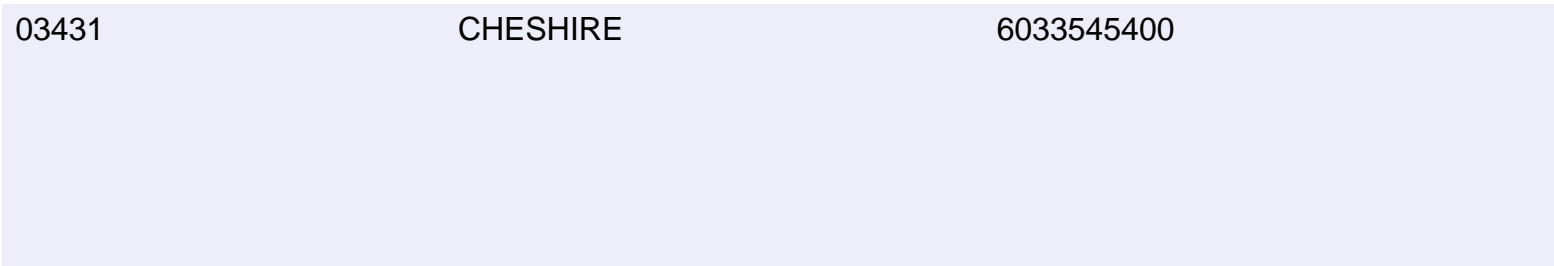
Based on Hospital Medicare Payment And Volume Measures



03431

CHESHIRE

6033545400



03431

CHESHIRE

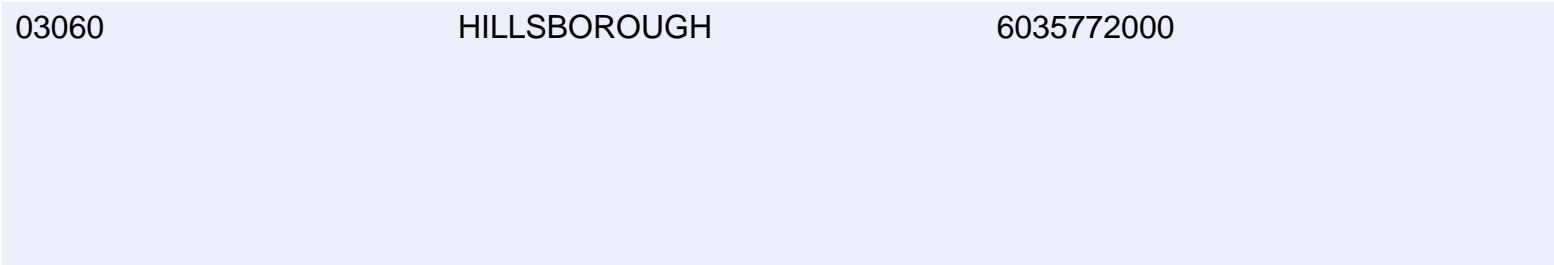
6033545400



03060

HILLSBOROUGH

6035772000



03060

HILLSBOROUGH

6035772000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21929.00 \*

\$17540.00 \*

\$20751.00 \*

\$17600.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

300020	SOUTHERN NH MEDICAL CENTER	8 PROSPECT STREET
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300023	EXETER HOSPITAL INC	5 ALUMNI DRIVE
--------	---------------------	----------------

300023	EXETER HOSPITAL INC	5 ALUMNI DRIVE
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300029	PORTSMOUTH REGIONAL HOSPITAL	333 BORTHWICK AVE
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300029	PORTSMOUTH REGIONAL HOSPITAL	333 BORTHWICK AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

NASHUA NH

EXETER NH

EXETER NH

PORTSMOUTH NH

PORTSMOUTH NH

# knee

Based on Hospital Medicare Payment And Volume Measures

03060	HILLSBOROUGH	6035772000
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03833	ROCKINGHAM	6037787311
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03833	ROCKINGHAM	6037787311
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03801	ROCKINGHAM	6034365110
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03801	ROCKINGHAM	6034365110
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22983.00 \*

\$35430.00 \*

\$15124.00 \*

\$14541.00 \*

\$15150.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

300034	CATHOLIC MEDICAL CENTER	100 MCGREGOR STREET
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300034	CATHOLIC MEDICAL CENTER	100 MCGREGOR STREET
--------	-------------------------	---------------------

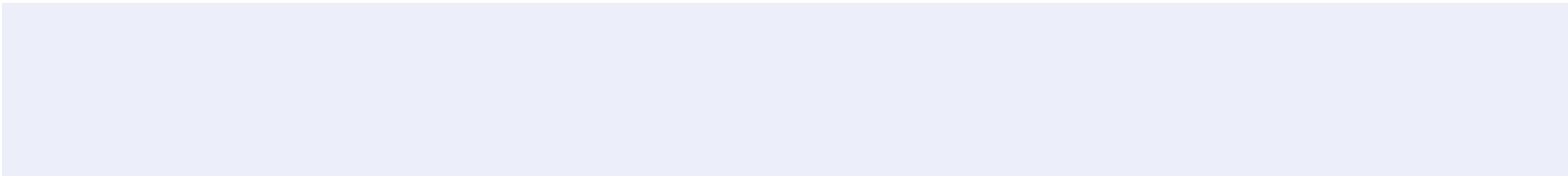
300034	CATHOLIC MEDICAL CENTER	100 MCGREGOR STREET
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310001	HACKENSACK UNIVERSITY MEDICAL CENTER	30 PROSPECT AVE
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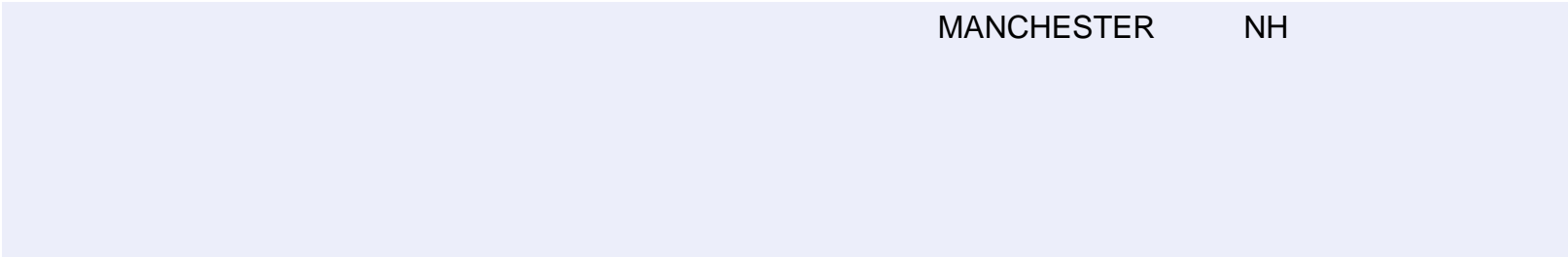
310001	HACKENSACK UNIVERSITY MEDICAL CENTER	30 PROSPECT AVE
--------	--------------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures



MANCHESTER NH



MANCHESTER NH

MANCHESTER NH



HACKENSACK NJ

HACKENSACK NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

03102	HILLSBOROUGH	6036683545
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03102	HILLSBOROUGH	6036683545
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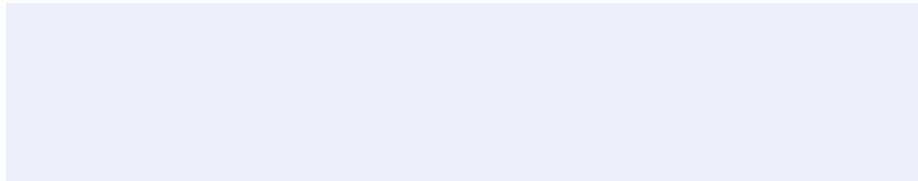
03102	HILLSBOROUGH	6036683545
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07601	BERGEN	2019962000
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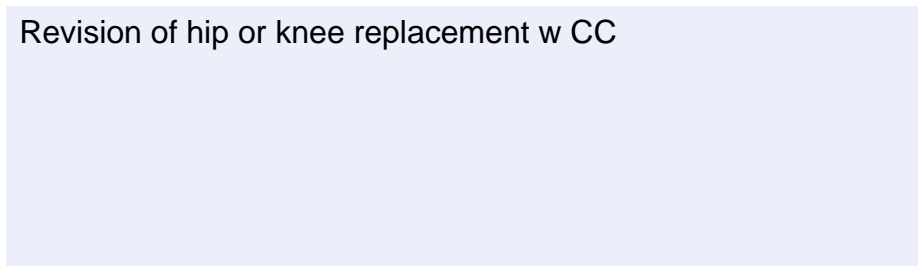
07601	BERGEN	2019962000
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# knee

Based on Hospital Medicare Payment And Volume Measures

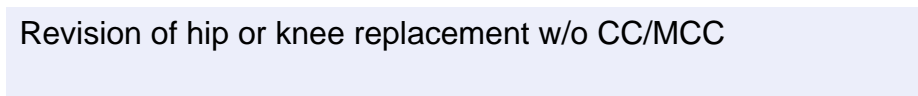


Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

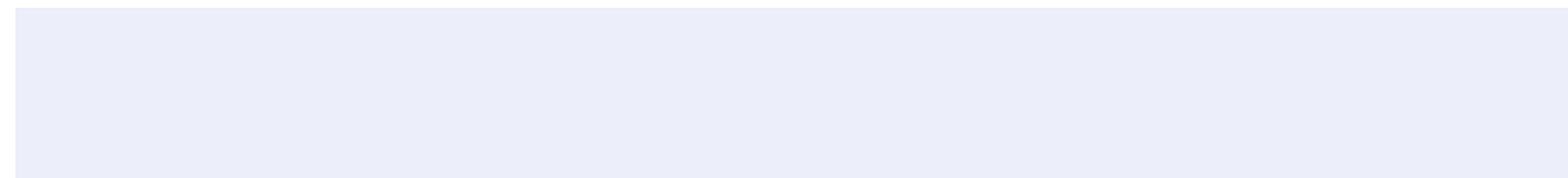


Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$18219.00 \*



\$15148.00 \*



\$14539.00 \*



\$18366.00

50



\$19137.00

76

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

310001	HACKENSACK UNIVERSITY MEDICAL CENTER	30 PROSPECT AVE
310002	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE
310002	NEWARK BETH ISRAEL MEDICAL CENTER	201 LYONS AVE
310003	PALISADES MEDICAL CTR-NY PRESBYTERIAN HEALTHCARE S	7600 RIVER RD
310005	HUNTERDON MEDICAL CENTER	2100 WESCOTT DRIVE
310005	HUNTERDON MEDICAL CENTER	2100 WESCOTT DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

HACKENSACK	NJ
------------	----

NEWARK	NJ
--------	----

NEWARK	NJ
--------	----

NORTH BERGEN	NJ
--------------	----

FLEMINGTON	NJ
------------	----

FLEMINGTON	NJ
------------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

07601	BERGEN	2019962000
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07112	ESSEX	9739267850
-------	-------	------------

07112	ESSEX	9739267850
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07047	HUDSON	2018545000
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08822	HUNTERDON	9087886100
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08822	HUNTERDON	9087886100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$33081.00	16
--	------------	----

\$24933.00 \*

	\$23876.00	14
--	------------	----

\$39189.00 \*

	\$29386.00 *
--	--------------

\$15737.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

310006

ST MARY'S HOSPITAL, PASSAIC

350 BOULEVARD

310008

HOLY NAME MEDICAL CENTER

718 TEANECK RD

310008

HOLY NAME MEDICAL CENTER

718 TEANECK RD

310008

HOLY NAME MEDICAL CENTER

718 TEANECK RD

# knee

Based on Hospital Medicare Payment And Volume Measures

PASSAIC NJ

TEANECK NJ
------------

TEANECK NJ

TEANECK NJ
------------

# knee

Based on Hospital Medicare Payment And Volume Measures

07055	PASSAIC	9733654300
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07666	BERGEN	2018333000
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07666	BERGEN	2018333000
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07666	BERGEN	2018333000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20449.00 \*

\$25715.00 \*

\$21383.00 \*

\$17104.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

310009	CLARA MAASS MEDICAL CENTER	ONE CLARA MAAS DRIVE
310009	CLARA MAASS MEDICAL CENTER	ONE CLARA MAAS DRIVE
310009	CLARA MAASS MEDICAL CENTER	ONE CLARA MAAS DRIVE
310010	UNIVERSITY MEDICAL CENTER AT PRINCETON	253 WITHERSPOON ST
310010	UNIVERSITY MEDICAL CENTER AT PRINCETON	253 WITHERSPOON ST
310010	UNIVERSITY MEDICAL CENTER AT PRINCETON	253 WITHERSPOON ST

# knee

Based on Hospital Medicare Payment And Volume Measures

BELLEVILLE NJ

BELLEVILLE NJ  
BELLEVILLE NJ

PRINCETON NJ

PRINCETON NJ

PRINCETON NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07109	ESSEX	9734502002
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07109	ESSEX	9734502002
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07109	ESSEX	9734502002
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08540	MERCER	6094974000
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08540	MERCER	6094974000
-------	--------	------------

08540	MERCER	6094974000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17479.00 \*

\$18210.00

14

\$32412.00 \*

\$10604.00 \*

\$20081.00 \*

\$16062.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## PRINCETON

310011	CAPE REGIONAL MEDICAL CENTER INC	TWO STONE HARBOR BLVD
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310011	CAPE REGIONAL MEDICAL CENTER INC	TWO STONE HARBOR BLVD
--------	-------------------------------------	-----------------------

310011	CAPE REGIONAL MEDICAL CENTER INC	TWO STONE HARBOR BLVD
--------	-------------------------------------	-----------------------

310012	VALLEY HOSPITAL	223 N VAN DIEN AVENUE
--------	-----------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

CAPE MAY  
COURT HOUSE NJ

CAPE MAY  
COURT HOUSE NJ

CAPE MAY  
COURT HOUSE NJ

RIDGEWOOD NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

08210

CAPE MAY

6094632000

08210

CAPE MAY

6094632000

08210

CAPE MAY

6094632000

07450

BERGEN

2014478000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15779.00 \*

\$18083.00 \*

\$28468.00 \*

\$20566.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

310012	VALLEY HOSPITAL	223 N VAN DIEN AVENUE
310012	VALLEY HOSPITAL	223 N VAN DIEN AVENUE
310014	COOPER UNIVERSITY HOSPITAL	1 COOPER PLAZA
310014	COOPER UNIVERSITY HOSPITAL	1 COOPER PLAZA
310015	MORRISTOWN MEMORIAL HOSPITAL	100 MADISON AVE
310015	MORRISTOWN MEMORIAL HOSPITAL	100 MADISON AVE
310015	MORRISTOWN MEMORIAL HOSPITAL	100 MADISON AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	RIDGEWOOD	NJ
	RIDGEWOOD	NJ
	CAMDEN	NJ
	CAMDEN	NJ
	MORRISTOWN	NJ
	MORRISTOWN	NJ
	MORRISTOWN	NJ



# knee

Based on Hospital Medicare Payment And Volume Measures

07450	BERGEN	2014478000
07450	BERGEN	2014478000
08103	CAMDEN	8563422000

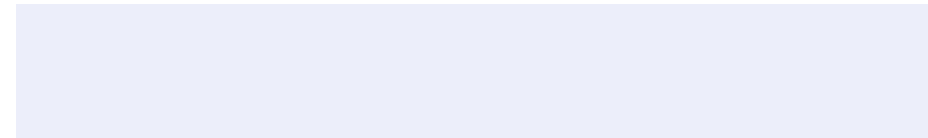
08103	CAMDEN	8563422000
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07962	MORRIS	9736603270
-------	--------	------------

07962	MORRIS	9736603270
07962	MORRIS	9736603270

# knee

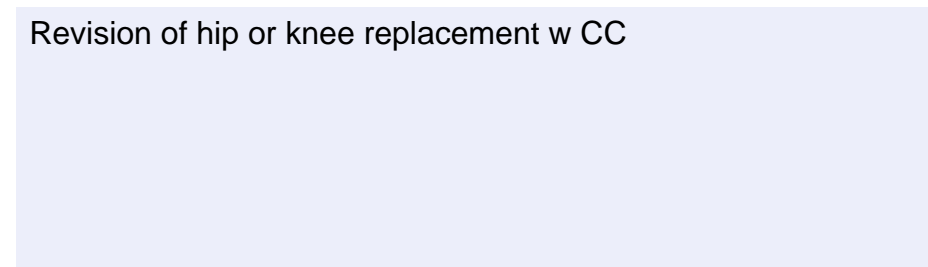
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC

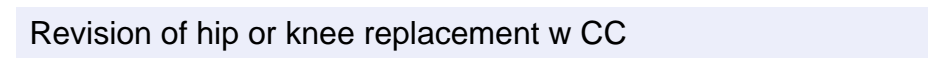
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20521.00	21
	\$16414.00	18
	\$21149.00 *	
	\$26440.00 *	
	\$33935.00 *	
	\$19129.00	26
	\$18241.00	29

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

310016	CHRIST HOSPITAL	176 PALISADE AVE
--------	-----------------	------------------

310017	CHILTON HOSPITAL	97 WEST PARKWAY
--------	------------------	-----------------

310017	CHILTON HOSPITAL	97 WEST PARKWAY
--------	------------------	-----------------

310019	ST JOSEPH'S REGIONAL MEDICAL CENTER	703 MAIN ST
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310019	ST JOSEPH'S REGIONAL MEDICAL CENTER	703 MAIN ST
--------	--	-------------

# knee

Based on Hospital Medicare Payment And Volume Measures

JERSEY CITY NJ

POMPTON PLAINS NJ

POMPTON PLAINS NJ

PATERSON NJ

PATERSON NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07306	HUDSON	2017958200
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07444	MORRIS	9738315000
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07444	MORRIS	9738315000
-------	--------	------------

07503	PASSAIC	9737542000
-------	---------	------------

07503	PASSAIC	9737542000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$26422.00 \*

\$16900.00 \*

\$26746.00 \*

\$23309.00 \*

\$43020.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

310019	ST JOSEPH'S REGIONAL MEDICAL CENTER	703 MAIN ST
310022	VIRTUA WEST JERSEY HOSPITALS BERLIN	WHITEHORSE PIKE AND TOWNSEND AVENUE
310022	VIRTUA WEST JERSEY HOSPITALS BERLIN	WHITEHORSE PIKE AND TOWNSEND AVENUE
310022	VIRTUA WEST JERSEY HOSPITALS BERLIN	WHITEHORSE PIKE AND TOWNSEND AVENUE
310024	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY	865 STONE ST

# knee

Based on Hospital Medicare Payment And Volume Measures

PATERSON NJ

BERLIN NJ

BERLIN NJ

BERLIN NJ

RAHWAY NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07503	PASSAIC	9737542000
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08009	CAMDEN	8563223200
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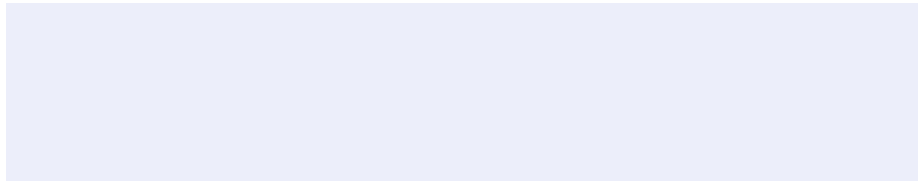
08009	CAMDEN	8563223200
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08009	CAMDEN	8563223200
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07065	UNION	7323814200
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# knee

Based on Hospital Medicare Payment And Volume Measures

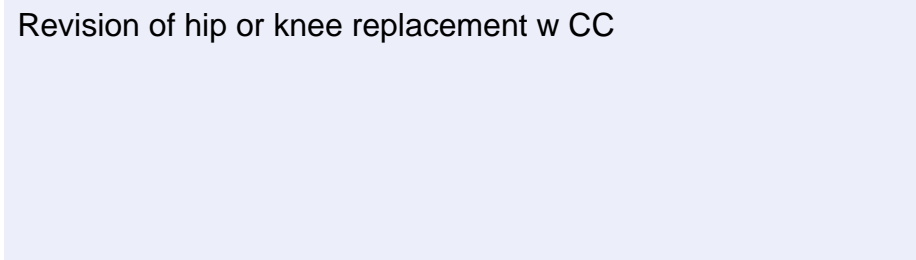


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

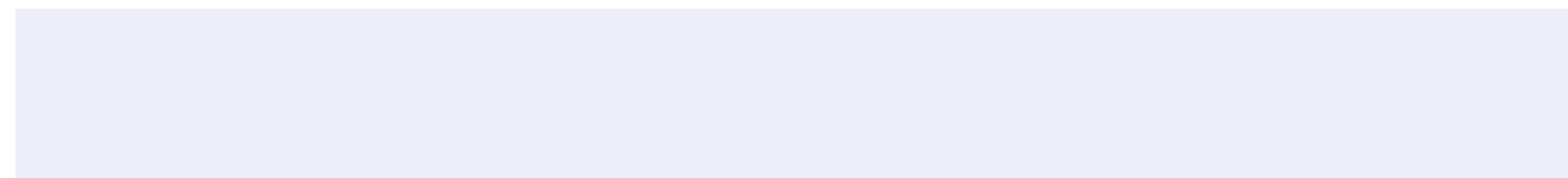
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



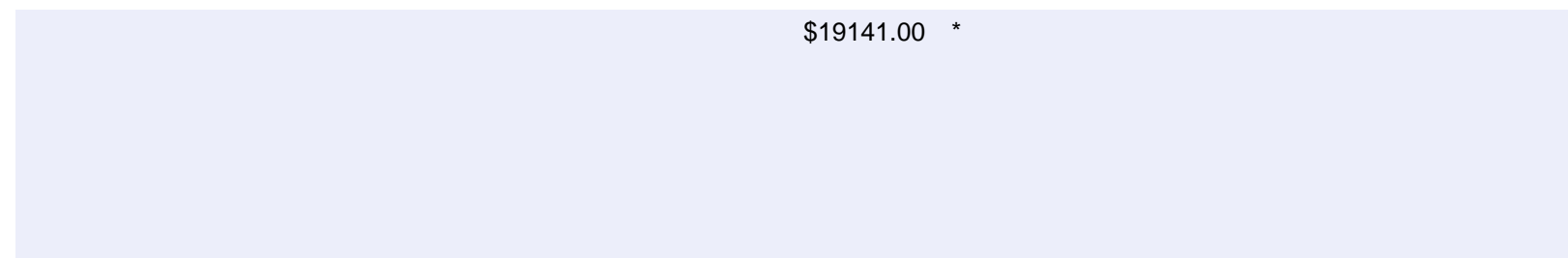
\$28870.00 \*



\$15310.00

24

\$27712.00 \*



\$19141.00 \*

\$19378.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

310024

ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL AT RAHWAY

865 STONE ST

310027

TRINITAS REGIONAL MEDICAL  
CENTER

225 WILLIAMSON STREET

310027

TRINITAS REGIONAL MEDICAL  
CENTER

225 WILLIAMSON STREET

310027

TRINITAS REGIONAL MEDICAL  
CENTER

225 WILLIAMSON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

RAHWAY

NJ

ELIZABETH

NJ

ELIZABETH

NJ

ELIZABETH

NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07065

UNION

7323814200

07207

UNION

9089945000

07207

UNION

9089945000

07207

UNION

9089945000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15481.00 \*

\$24817.00 \*

\$36882.00 \*

\$19915.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

310029	OUR LADY OF LOURDES MEDICAL CENTER	1600 HADDON AVENUE
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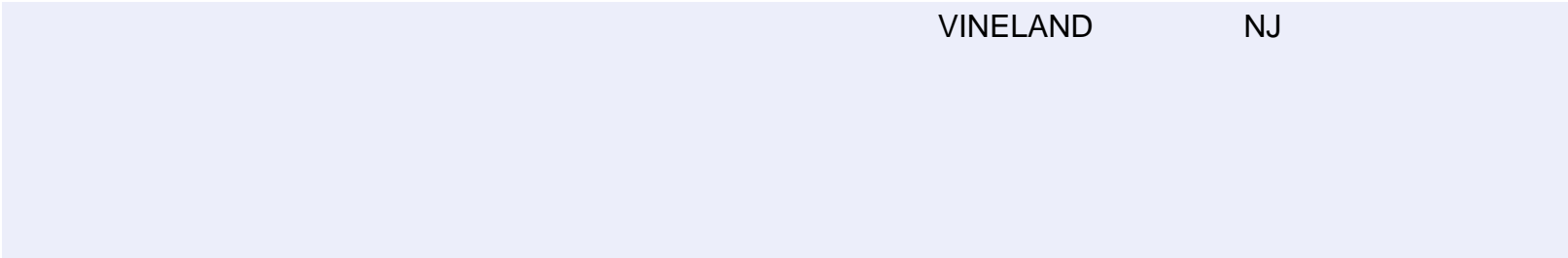
310029	OUR LADY OF LOURDES MEDICAL CENTER	1600 HADDON AVENUE
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310029	OUR LADY OF LOURDES MEDICAL CENTER	1600 HADDON AVENUE
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310032	SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER	1505 W SHERMAN AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures





# knee

Based on Hospital Medicare Payment And Volume Measures

08103	CAMDEN	8567573500
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08103	CAMDEN	8567573500
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08103	CAMDEN	8567573500
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08360	CUMBERLAND	8566418000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$31820.00 \*

\$17878.00 \*

\$17081.00 \*

\$17029.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

310032	SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER	1505 W SHERMAN AVE
310032	SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER	1505 W SHERMAN AVE
310034	RIVERVIEW MEDICAL CENTER	ONE RIVERVIEW PLAZA
310034	RIVERVIEW MEDICAL CENTER	ONE RIVERVIEW PLAZA
310034	RIVERVIEW MEDICAL CENTER	ONE RIVERVIEW PLAZA
310038	ROBERT WOOD JOHNSON	ONE ROBERT WOOD

# knee

Based on Hospital Medicare Payment And Volume Measures

VINELAND NJ

VINELAND NJ

RED BANK NJ

RED BANK NJ

RED BANK NJ

NEW BRUNSWICK NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

08360	CUMBERLAND	8566418000
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08360	CUMBERLAND	8566418000
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07701	MONMOUTH	7327412700
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07701	MONMOUTH	7327412700
-------	----------	------------

07701	MONMOUTH	7327412700
-------	----------	------------

08901	MIDDLESEX	7328283000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21289.00 \*

\$24268.00 \*

\$21208.00 \*

\$17016.00

12

\$14848.00 \*

\$19492.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

UNIVERSITY HOSPITAL

JOHNSON PL

310038

ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL

ONE ROBERT WOOD  
JOHNSON PL

310038

ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL

ONE ROBERT WOOD  
JOHNSON PL

310039

RARITAN BAY MEDICAL CENTER

530 NEW BRUNSWICK AVE

310040

HOBOKEN UNIVERSITY MEDICAL  
CENTER

308 WILLOW AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW BRUNSWICK NJ

NEW BRUNSWICK NJ

PERTH AMBOY NJ

HOBOKEN NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

08901

MIDDLESEX

7328283000

08901

MIDDLESEX

7328283000

08861

MIDDLESEX

7324423700

07030

HUDSON

2014181004

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20344.00 \*

\$22051.00 \*

\$19718.00 \*

\$26771.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

310040	HOBOKEN UNIVERSITY MEDICAL CENTER	308 WILLOW AVE
310041	COMMUNITY MEDICAL CENTER	99 RT 37 WEST
310041	COMMUNITY MEDICAL CENTER	99 RT 37 WEST
310041	COMMUNITY MEDICAL CENTER	99 RT 37 WEST
310044	CAPITAL HEALTH SYSTEM-MERCER CAMPUS	446 BELLEVUE AVE
310045	ENGLEWOOD HOSPITAL AND MEDICAL CENTER	350 ENGLE ST

# knee

Based on Hospital Medicare Payment And Volume Measures

HOBOKEN	NJ
---------	----

TOMS RIVER	NJ
------------	----

TOMS RIVER	NJ
------------	----

TOMS RIVER	NJ
------------	----

TRENTON	NJ
---------	----

ENGLEWOOD	NJ
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

07030	HUDSON	2014181004
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08755	OCEAN	7325578000
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08755	OCEAN	7325578000
-------	-------	------------

08755	OCEAN	7325578000
-------	-------	------------

08618	MERCER	6093944000
-------	--------	------------

07631	BERGEN	2018943000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$39124.00 *	
	\$26785.00 *	
	\$15467.00	13
	\$14846.00	16
	\$17785.00 *	
	\$33748.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

310045	ENGLEWOOD HOSPITAL AND MEDICAL CENTER	350 ENGLE ST
310045	ENGLEWOOD HOSPITAL AND MEDICAL CENTER	350 ENGLE ST
310047	SHORE MEMORIAL HOSPITAL	1 EAST NEW YORK AVE
310047	SHORE MEMORIAL HOSPITAL	1 EAST NEW YORK AVE
310047	SHORE MEMORIAL HOSPITAL	1 EAST NEW YORK AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

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ENGLEWOOD NJ

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ENGLEWOOD NJ

SOMERS POINT NJ

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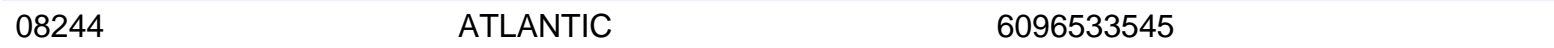
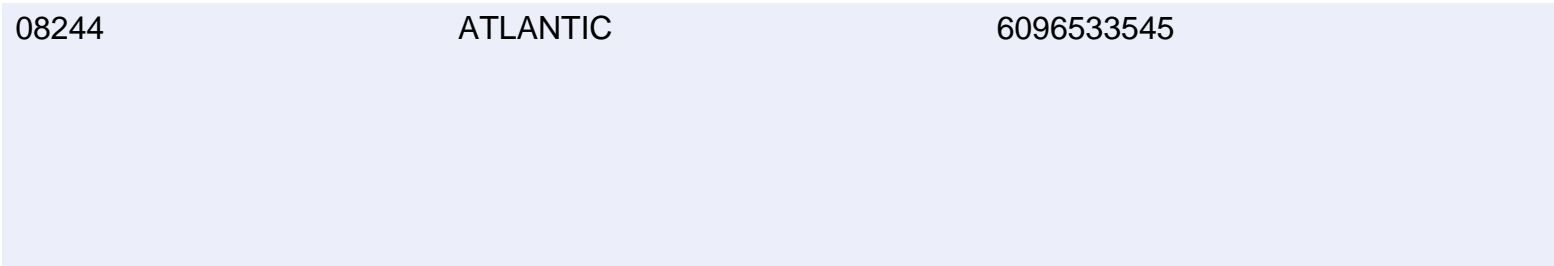
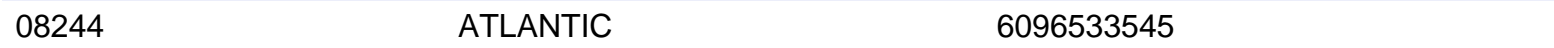
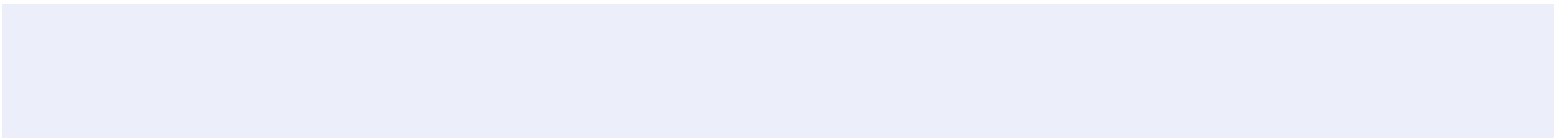
SOMERS POINT NJ

SOMERS POINT NJ



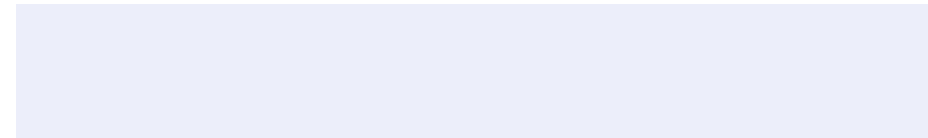
# knee

Based on Hospital Medicare Payment And Volume Measures

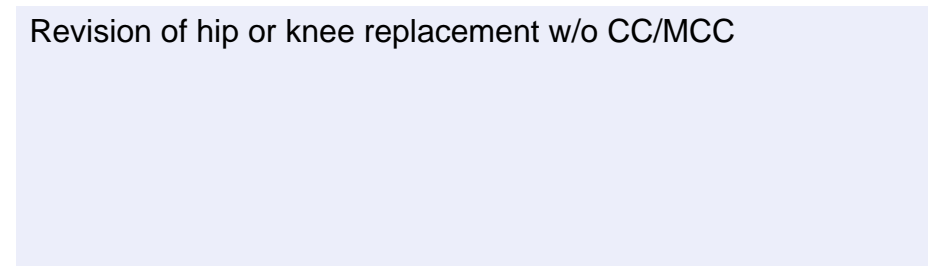


# knee

Based on Hospital Medicare Payment And Volume Measures

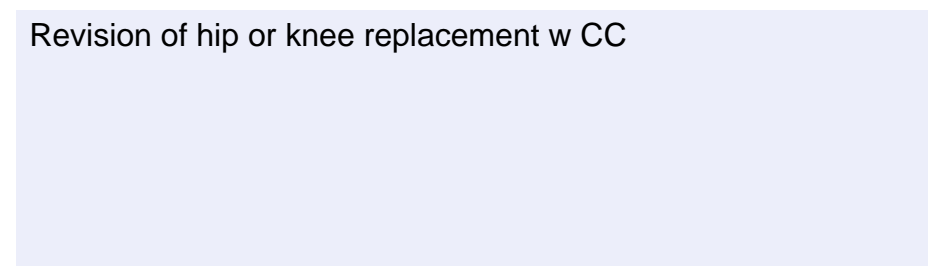


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

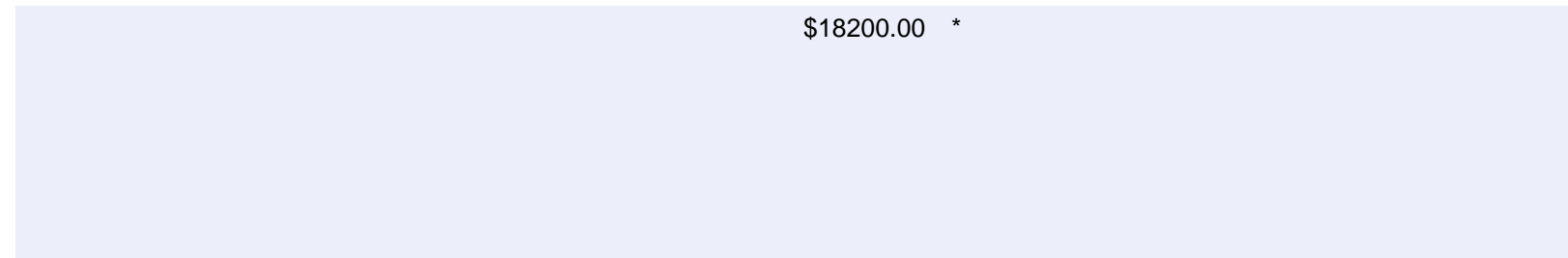
# knee

Based on Hospital Medicare Payment And Volume Measures

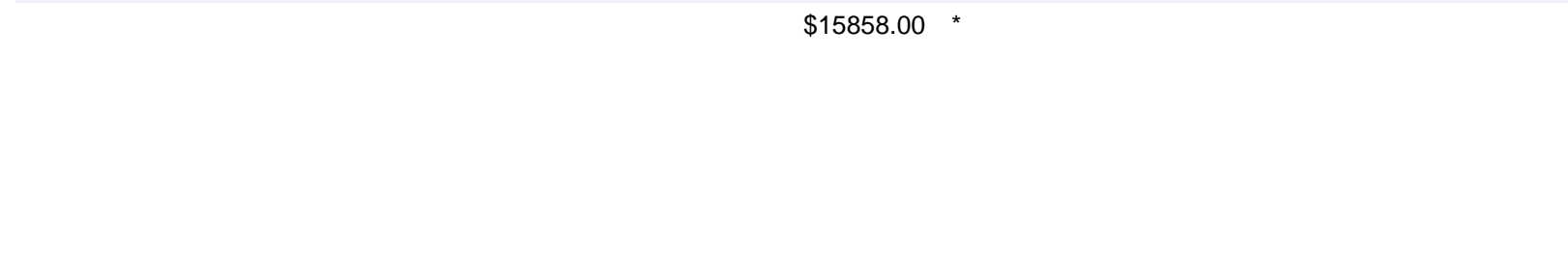


\$22752.00

24



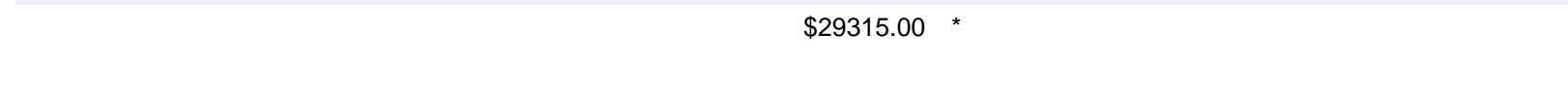
\$18200.00 \*



\$15858.00 \*



\$16788.00 \*



\$29315.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
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# knee

Based on Hospital Medicare Payment And Volume Measures

310048

SOMERSET MEDICAL CENTER

110 REHILL AVE

310048

SOMERSET MEDICAL CENTER

110 REHILL AVE

310050

SAINT CLARE'S HOSPITAL

25 POCONO ROAD

310050

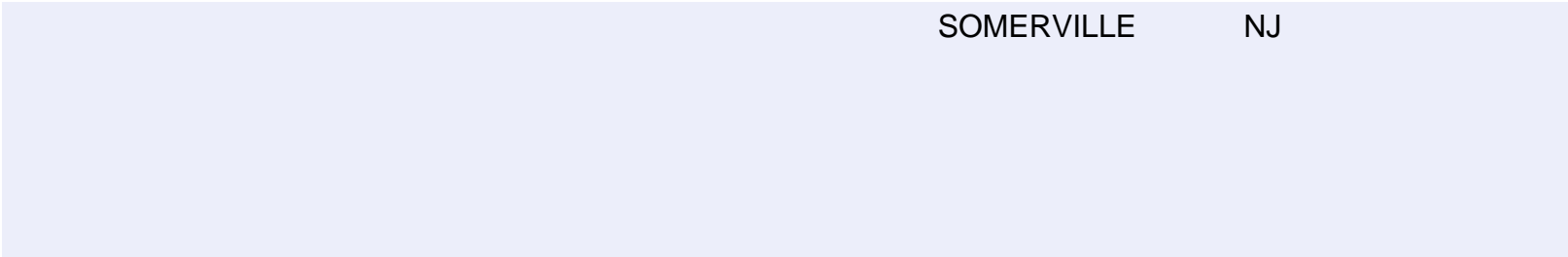
SAINT CLARE'S HOSPITAL

25 POCONO ROAD

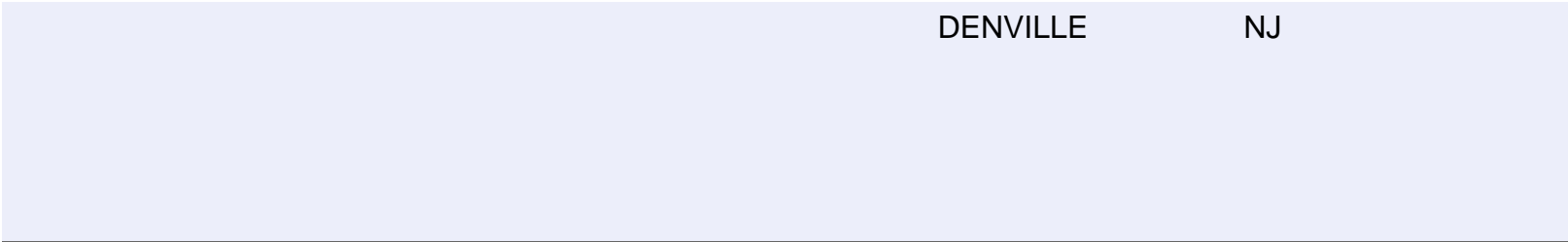
# knee

Based on Hospital Medicare Payment And Volume Measures

SOMERVILLE NJ



DENVILLE NJ



# knee

Based on Hospital Medicare Payment And Volume Measures

08876

SOMERSET

9086852200

08876

SOMERSET

9086852200

07834

MORRIS

9736256000

07834

MORRIS

9736256000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16292.00 \*

\$15657.00 \*

\$16231.00 \*

\$20292.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

310051	OVERLOOK HOSPITAL	99 BEAUVIOR AVE
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310051	OVERLOOK HOSPITAL	99 BEAUVIOR AVE
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310051	OVERLOOK HOSPITAL	99 BEAUVIOR AVE
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310052	OCEAN MEDICAL CENTER	425 JACK MARTIN BLVD
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310052	OCEAN MEDICAL CENTER	425 JACK MARTIN BLVD
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310052	OCEAN MEDICAL CENTER	425 JACK MARTIN BLVD
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knee

Based on Hospital Medicare Payment And Volume Measures

	SUMMIT	NJ
	SUMMIT	NJ
	SUMMIT	NJ
	BRICK	NJ
	BRICK	NJ
	BRICK	NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07902	UNION	9085222000
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07902	UNION	9085222000
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07902	UNION	9085222000
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08724	OCEAN	7328402200
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08724	OCEAN	7328402200
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08724	OCEAN	7328402200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$22042.00	*
			\$32693.00	*
			\$17631.00	12
			\$14845.00	16
			\$18600.00	*
			\$15466.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

310054	MOUNTAINSIDE HOSPITAL	BAY AND HIGHLAND AVE
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310054	MOUNTAINSIDE HOSPITAL	BAY AND HIGHLAND AVE
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310054	MOUNTAINSIDE HOSPITAL	BAY AND HIGHLAND AVE
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310057	VIRTUA MEMORIAL HOSPITAL OF BURLINGTON COUNTY	175 MADISON AVE
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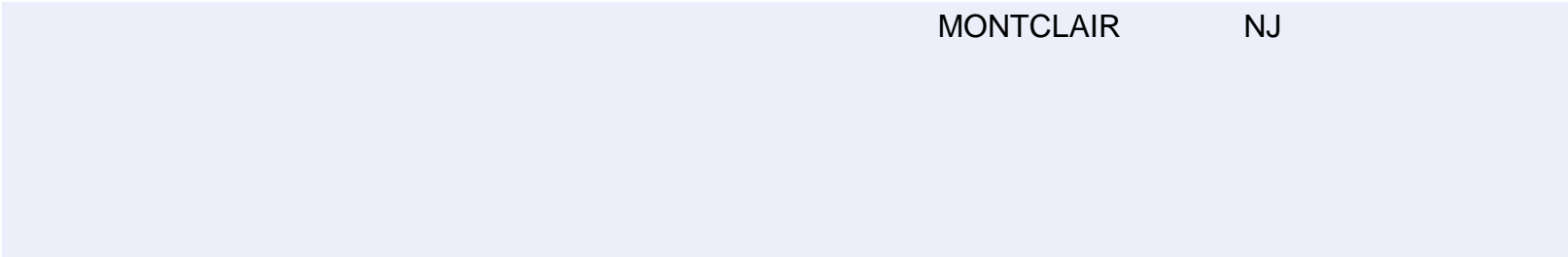
310057	VIRTUA MEMORIAL HOSPITAL OF	175 MADISON AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures



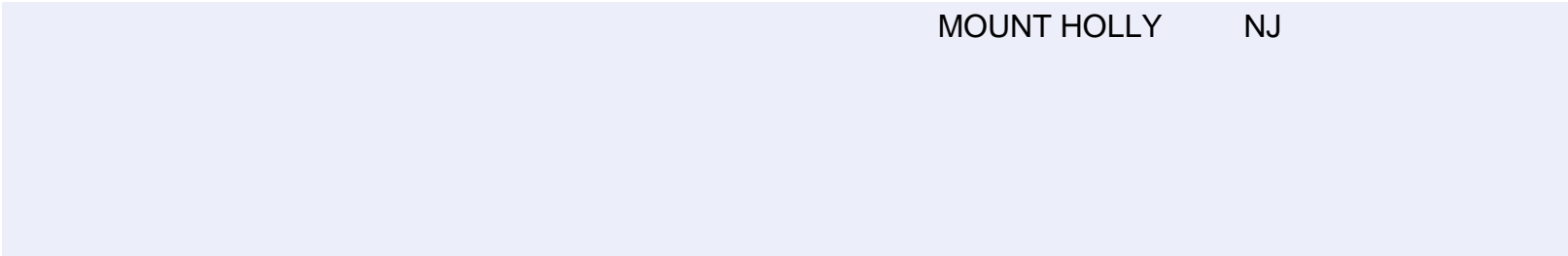
MONTCLAIR NJ



MONTCLAIR NJ



MONTCLAIR NJ



MOUNT HOLLY NJ



MOUNT HOLLY NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07042	ESSEX	9734296000
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07042	ESSEX	9734296000
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07042	ESSEX	9734296000
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08060	BURLINGTON	6099146200
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08060	BURLINGTON	6099146200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22583.00 \*

\$78811.00 \*

\$18063.00 \*

\$15051.00 \*

\$16972.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## BURLINGTON COUNTY

310057	VIRTUA MEMORIAL HOSPITAL OF BURLINGTON COUNTY	175 MADISON AVE
310060	WARREN HOSPITAL	185 ROSEBERRY ST
310060	WARREN HOSPITAL	185 ROSEBERRY ST
310060	WARREN HOSPITAL	185 ROSEBERRY ST
310061	LOURDES MEDICAL CENTER OF	218A SUNSET ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

MOUNT HOLLY NJ

PHILLIPSBURG NJ

PHILLIPSBURG NJ

PHILLIPSBURG NJ

WILLINGBORO NJ



# knee

Based on Hospital Medicare Payment And Volume Measures

08060	BURLINGTON	6099146200
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08865	WARREN	9088596700
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08865	WARREN	9088596700
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08865	WARREN	9088596700
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08046	BURLINGTON	6098352900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15642.00

17

\$17274.00 \*

\$21600.00 \*

\$32039.00 \*

\$28969.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## BURLINGTON COUNTY

310061	LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	218A SUNSET ROAD
310064	ATLANTICARE REGIONAL MEDICAL CENTER - CITY DIV	1925 PACIFIC AVE
310064	ATLANTICARE REGIONAL MEDICAL CENTER - CITY DIV	1925 PACIFIC AVE
310064	ATLANTICARE REGIONAL MEDICAL CENTER - CITY DIV	1925 PACIFIC AVE
310069	SOUTH JERSEY HEALTHCARE- ELMER HOSPITAL	501 WEST FRONT STREET
310069	SOUTH JERSEY HEALTHCARE- ELMER HOSPITAL	501 WEST FRONT STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

WILLINGBORO NJ

ATLANTIC CITY NJ

ATLANTIC CITY NJ

ATLANTIC CITY NJ

ELMER NJ

ELMER NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

08046	BURLINGTON	6098352900
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08401	ATLANTIC	6094418020
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08401	ATLANTIC	6094418020
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08401	ATLANTIC	6094418020
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08318	SALEM	8563631000
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08318	SALEM	8563631000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$33459.00 \*

\$18127.00	55
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\$22447.00	42
------------	----

\$24990.00	12
------------	----

\$27495.00 \*

\$15448.00 *
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# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

310070	SAINT PETER'S UNIVERSITY HOSPITAL	254 EASTON AVE
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310070	SAINT PETER'S UNIVERSITY HOSPITAL	254 EASTON AVE
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310070	SAINT PETER'S UNIVERSITY HOSPITAL	254 EASTON AVE
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310073	JERSEY SHORE UNIVERSITY MEDICAL CENTER	1945 RTE 33
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310073	JERSEY SHORE UNIVERSITY MEDICAL CENTER	1945 RTE 33
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310073	JERSEY SHORE UNIVERSITY	1945 RTE 33
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEW BRUNSWICK NJ

NEW BRUNSWICK NJ

NEW BRUNSWICK NJ

NEPTUNE NJ

NEPTUNE NJ

NEPTUNE NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

08901	MIDDLESEX	7327457944
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08901	MIDDLESEX	7327457944
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08901	MIDDLESEX	7327457944
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07754	MONMOUTH	7327755500
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07754	MONMOUTH	7327755500
-------	----------	------------

07754	MONMOUTH	7327755500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18926.00	16
	\$23869.00 *	
	\$35095.00 *	
	\$31497.00 *	
	\$17731.00	12
	\$17051.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

MEDICAL CENTER		
310074	LIBERTYHEALTH-JERSEY CITY MEDICAL CENTER CAMPUS	355 GRAND STREET
310075	MONMOUTH MEDICAL CENTER	300 SECOND AVENUE
310075	MONMOUTH MEDICAL CENTER	300 SECOND AVENUE
310076	SAINT BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD
310076	SAINT BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

JERSEY CITY NJ

LONG BRANCH NJ

LONG BRANCH NJ

LIVINGSTON NJ

LIVINGSTON NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07302	HUDSON	2019152000
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07740	MONMOUTH	7322225200
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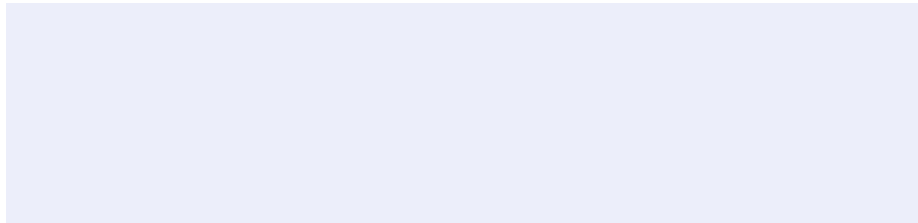
07740	MONMOUTH	7322225200
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07039	ESSEX	9733225000
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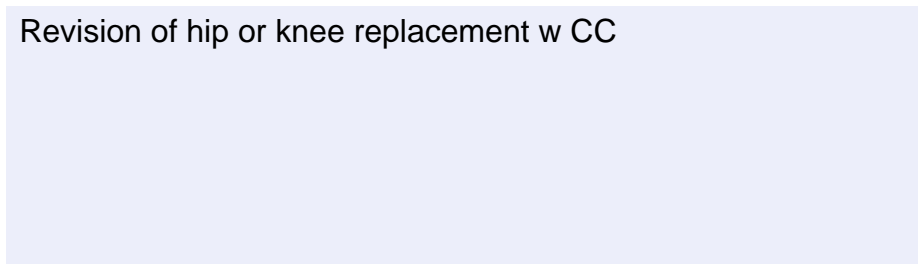
07039	ESSEX	9733225000
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# knee

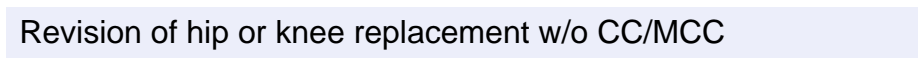
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



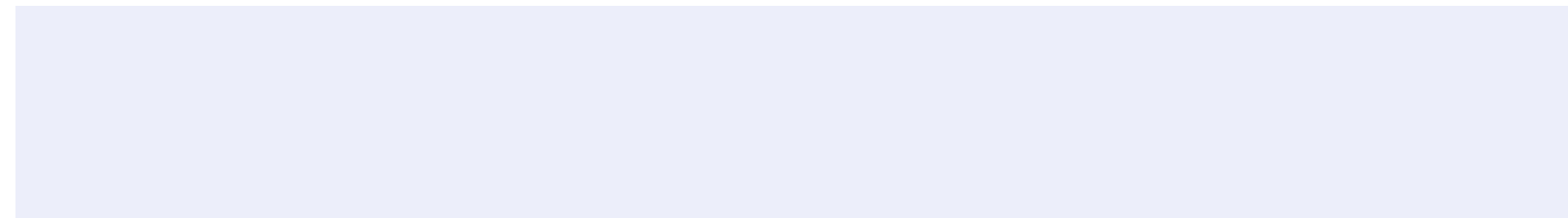
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

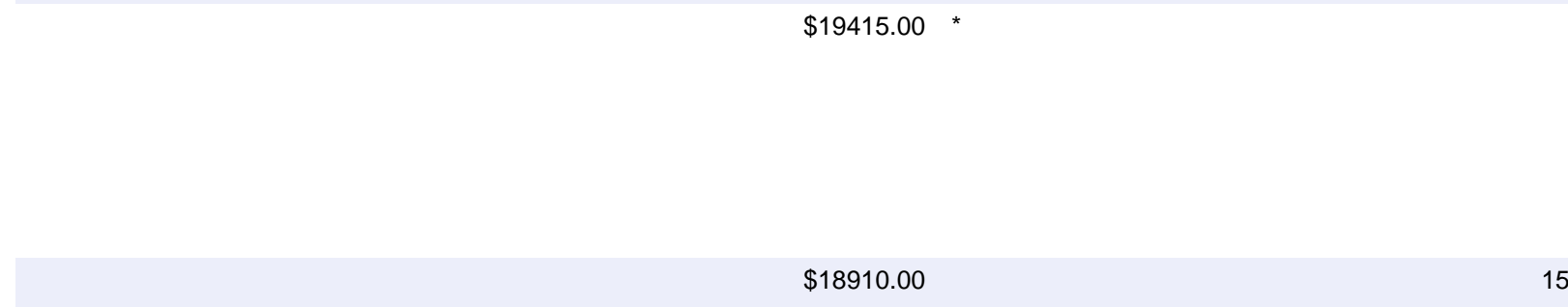
Based on Hospital Medicare Payment And Volume Measures



\$40639.00 \*



\$21066.00 \*



\$19415.00 \*

\$18910.00

15

\$35103.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

310076	SAINT BARNABAS MEDICAL CENTER	94 OLD SHORT HILLS ROAD
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310081	UNDERWOOD MEMORIAL HOSPITAL	509 N BROAD ST
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310081	UNDERWOOD MEMORIAL HOSPITAL	509 N BROAD ST
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310081	UNDERWOOD MEMORIAL HOSPITAL	509 N BROAD ST
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310084	KIMBALL MEDICAL CENTER	600 RIVER AVE
--------	------------------------	---------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LIVINGSTON NJ

WOODBURY NJ

WOODBURY NJ

WOODBURY NJ

LAKEWOOD NJ



# knee

Based on Hospital Medicare Payment And Volume Measures

07039	ESSEX	9733225000
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08096	GLOUCESTER	8568450100
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08096	GLOUCESTER	8568450100
-------	------------	------------

08096	GLOUCESTER	8568450100
-------	------------	------------

08701	OCEAN	7323631900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19772.00

15

\$19214.00 \*

\$28464.00 \*

\$7914.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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310086	KENNEDY UNIVERSITY HOSPITAL, INC (STRATFORD DIVIS	18 EAST LAUREL ROAD
--------	--	---------------------

310086	KENNEDY UNIVERSITY HOSPITAL, INC (STRATFORD DIVIS	18 EAST LAUREL ROAD
--------	--	---------------------

310086	KENNEDY UNIVERSITY HOSPITAL, INC (STRATFORD DIVIS	18 EAST LAUREL ROAD
--------	--	---------------------

310091	MEMORIAL HOSPITAL OF SALEM COUNTY	310 WOODSTOWN ROAD
--------	--------------------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

STRATFORD NJ

STRATFORD NJ

STRATFORD NJ

SALEM NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

08084

CAMDEN

8563466000

08084

CAMDEN

8563466000

08084

CAMDEN

8563466000

08079

SALEM

8569351000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18067.00 \*

\$27371.00 \*

\$22589.00 \*

\$15954.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

310092	CAPITAL HEALTH SYSTEM-FULD CAMPUS	750 BRUNSWICK AVE
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310092	CAPITAL HEALTH SYSTEM-FULD CAMPUS	750 BRUNSWICK AVE
--------	--------------------------------------	-------------------

310096	SAINT MICHAEL'S MEDICAL CENTER, INC	111 CENTRAL AVENUE
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310096	SAINT MICHAEL'S MEDICAL CENTER, INC	111 CENTRAL AVENUE
--------	--	--------------------

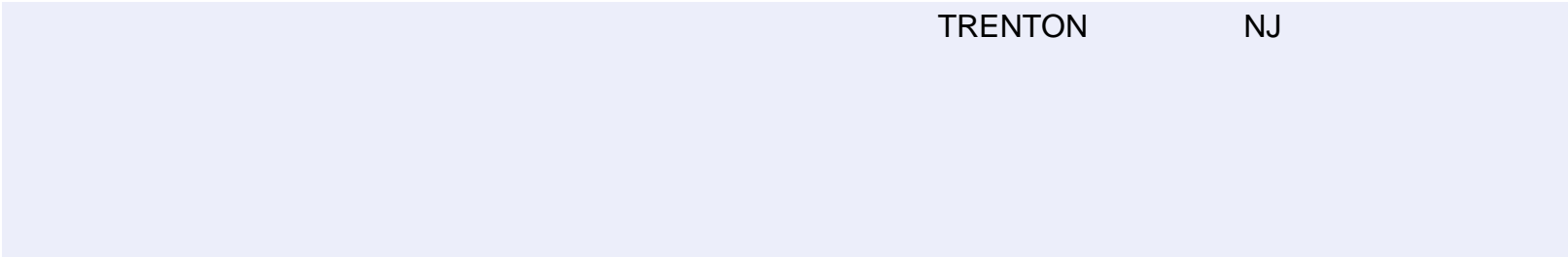
310096	SAINT MICHAEL'S MEDICAL CENTER,	111 CENTRAL AVENUE
--------	---------------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures



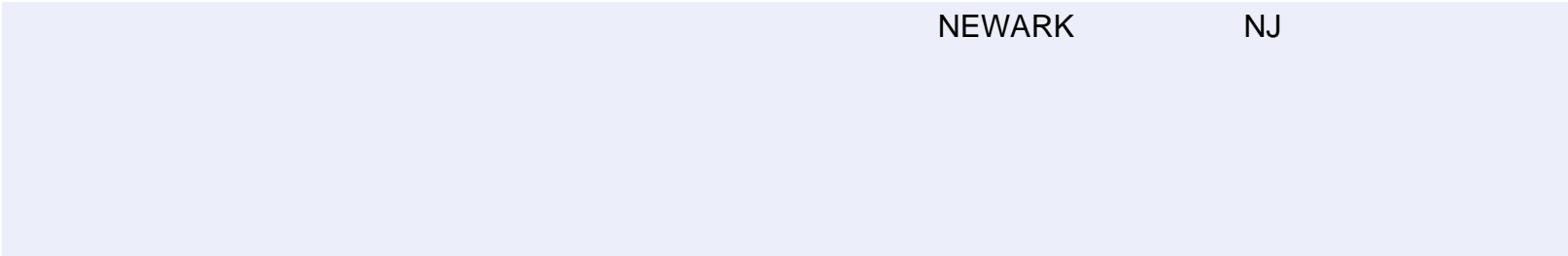
TRENTON NJ



TRENTON NJ



NEWARK NJ



NEWARK NJ



NEWARK NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

08638

MERCER

6093946000

08638

MERCER

6093946000

07102

ESSEX

9738775350

07102

ESSEX

9738775350

07102

ESSEX

9738775350

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18255.00 \*

\$19322.00 \*

\$39742.00 \*

\$26914.00 \*

\$21719.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

INC

310108

JFK MEDICAL CENTER

65 JAMES STREET

310108

JFK MEDICAL CENTER

65 JAMES STREET

310108

JFK MEDICAL CENTER

65 JAMES STREET

310110

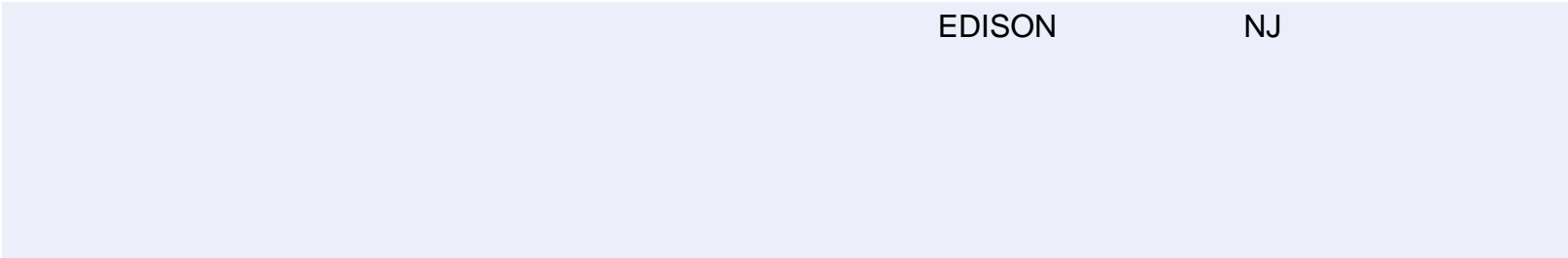
ROBERT WOOD JOHNSON  
UNIVERSITY HOSPITAL HAMILTON

ONE HAMILTON HEALTH  
PLACE

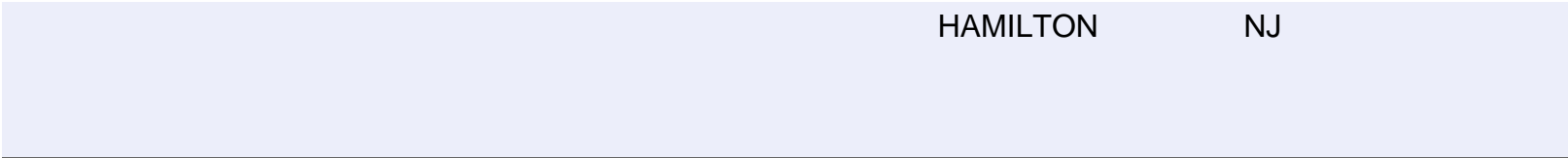
# knee

Based on Hospital Medicare Payment And Volume Measures

EDISON NJ



EDISON NJ



# knee

Based on Hospital Medicare Payment And Volume Measures

08818

MIDDLESEX

7323217000

08818

MIDDLESEX

7323217000

08818

MIDDLESEX

7323217000

08690

MERCER

6095867900

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16952.00 \*

\$19398.00 \*

\$31387.00 \*

\$28393.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

310110	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON	ONE HAMILTON HEALTH PLACE
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310110	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON	ONE HAMILTON HEALTH PLACE
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310111	CENTRASTATE MEDICAL CENTER	901 WEST MAIN STREET
--------	----------------------------	----------------------

310111	CENTRASTATE MEDICAL CENTER	901 WEST MAIN STREET
--------	----------------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HAMILTON

NJ

HAMILTON

NJ

FREEHOLD

NJ

FREEHOLD

NJ



# knee

Based on Hospital Medicare Payment And Volume Measures

08690

MERCER

6095867900

08690

MERCER

6095867900

07728

MONMOUTH

7324312000

07728

MONMOUTH

7324312000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19143.00 \*

\$15312.00 \*

\$15382.00 \*

\$19225.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

310111	CENTRASTATE MEDICAL CENTER	901 WEST MAIN STREET
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310112	BAYSHORE COMMUNITY HOSPITAL	727 N BEERS ST
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310112	BAYSHORE COMMUNITY HOSPITAL	727 N BEERS ST
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310115	HACKETTSTOWN REGIONAL MEDICAL CENTER	651 WILLOW GROVE ST
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310116	ST JOSEPH'S WAYNE HOSPITAL	224 HAMBURG TPKE
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# knee

Based on Hospital Medicare Payment And Volume Measures

FREEHOLD NJ

HOLMDEL NJ

HOLMDEL NJ

HACKETTSTOWN NJ

WAYNE NJ

# knee

Based on Hospital Medicare Payment And Volume Measures

07728	MONMOUTH	7324312000
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07733	MONMOUTH	7327395900
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07733	MONMOUTH	7327395900
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07840	WARREN	9088525100
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07470	PASSAIC	9739426900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25054.00 \*

\$27521.00 \*

\$18554.00 \*

\$18579.00 \*

\$17396.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

310116	ST JOSEPH'S WAYNE HOSPITAL	224 HAMBURG TPKE
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310116	ST JOSEPH'S WAYNE HOSPITAL	224 HAMBURG TPKE
--------	----------------------------	------------------

310119	UMDNJ UNIVERSITY HOSPITAL	150 BERGEN ST
--------	---------------------------	---------------

310119	UMDNJ UNIVERSITY HOSPITAL	150 BERGEN ST
--------	---------------------------	---------------

310119	UMDNJ UNIVERSITY HOSPITAL	150 BERGEN ST
--------	---------------------------	---------------

320001	UNIVERSITY OF NEW MEXICO	2211 LOMAS BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WAYNE NJ

WAYNE NJ

NEWARK NJ

NEWARK NJ

NEWARK NJ

ALBUQUERQUE NM

# knee

Based on Hospital Medicare Payment And Volume Measures

07470	PASSAIC	9739426900
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07470	PASSAIC	9739426900
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07103	ESSEX	9739725658
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07103	ESSEX	9739725658
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07103	ESSEX	9739725658
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87106	BERNALILLO	5052722111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21749.00 \*

\$40780.00 \*

\$27392.00 15

\$50669.00 \*

\$34077.00 15

\$22665.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

	HOSPITAL	NE
320001	UNIVERSITY OF NEW MEXICO HOSPITAL	2211 LOMAS BOULEVARD NE
320001	UNIVERSITY OF NEW MEXICO HOSPITAL	2211 LOMAS BOULEVARD NE
320002	ST VINCENT HOSPITAL	455 ST MICHAEL'S DRIVE
320004	GERALD CHAMPION REGIONAL MEDICAL CENTE	2669 NORTH SCENIC DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

ALBUQUERQUE NM

ALBUQUERQUE NM

SANTA FE NM

ALAMOGORDO NM

# knee

Based on Hospital Medicare Payment And Volume Measures

87106	BERNALILLO	5052722111
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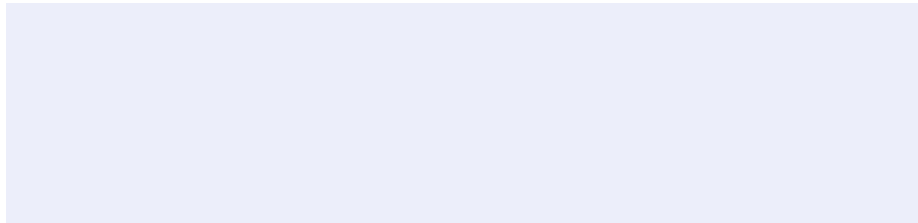
87106	BERNALILLO	5052722111
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87505	SANTA FE	5059833361
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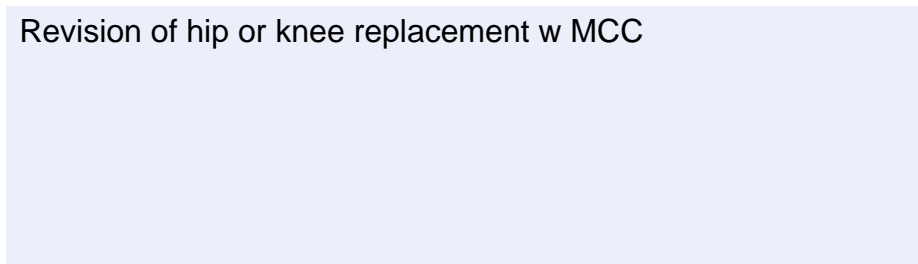
88310	OTERO	5754396100
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



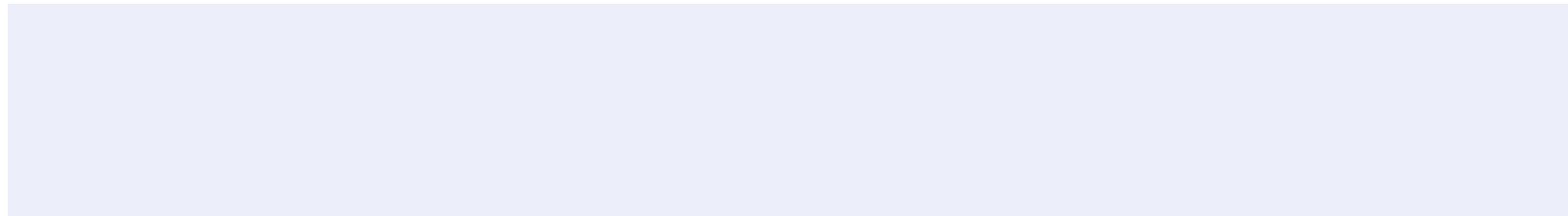
Revision of hip or knee replacement w CC



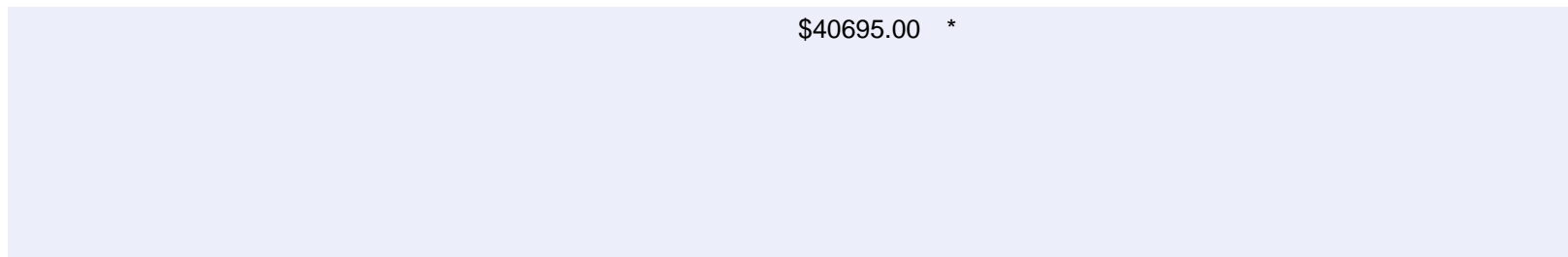
Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$28336.00 \*



\$40695.00 \*



\$13745.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

320004	GERALD CHAMPION REGIONAL MEDICAL CENTE	2669 NORTH SCENIC DRIVE
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320004	GERALD CHAMPION REGIONAL MEDICAL CENTE	2669 NORTH SCENIC DRIVE
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320005	SAN JUAN REGIONAL MEDICAL CENTER	801 WEST MAPLE STREET
--------	-------------------------------------	-----------------------

320006	EASTERN NEW MEXICO MEDICAL CENTER	405 W COUNTRY CLUB RD
--------	--------------------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ALAMOGORDO NM

ALAMOGORDO NM

FARMINGTON NM

ROSWELL NM



# knee

Based on Hospital Medicare Payment And Volume Measures

88310	OTERO	5754396100
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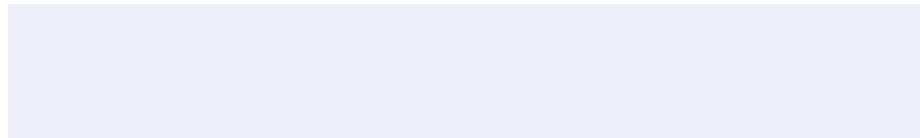
88310	OTERO	5754396100
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87401	SAN JUAN	5056092000
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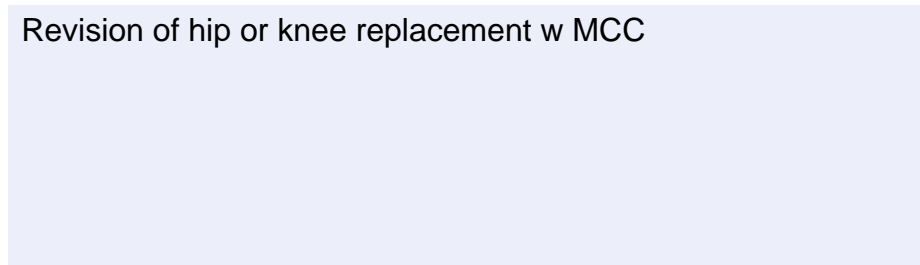
88201	CHAVES	5756248722
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# knee

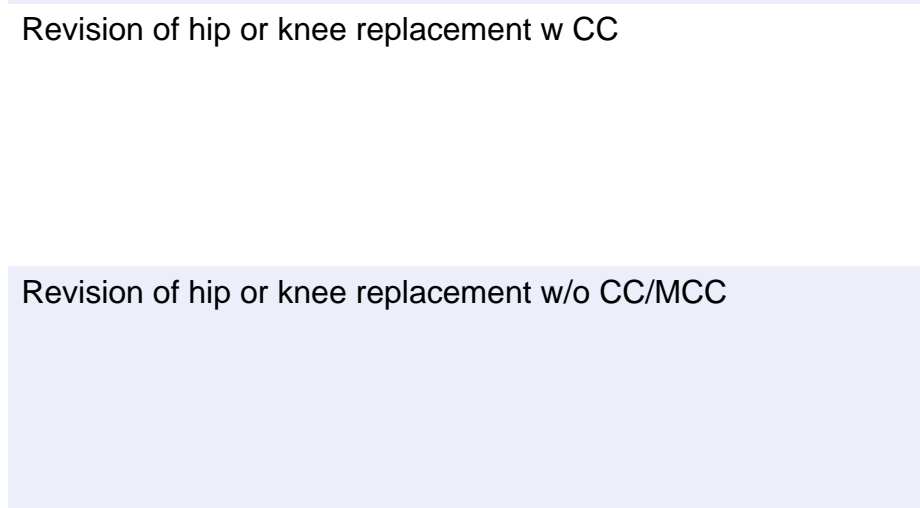
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14081.00 \*

\$20866.00 \*

\$22063.00 \*

\$15047.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

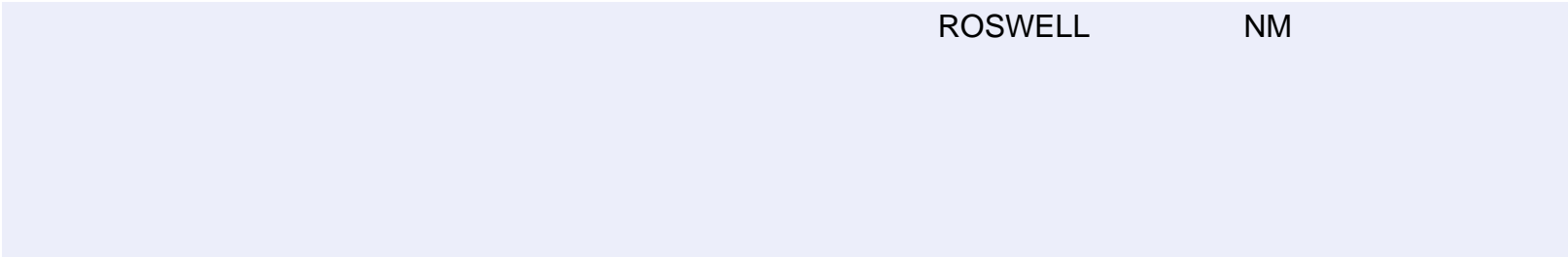
320006	EASTERN NEW MEXICO MEDICAL CENTER	405 W COUNTRY CLUB RD
320006	EASTERN NEW MEXICO MEDICAL CENTER	405 W COUNTRY CLUB RD
320009	LOVELACE MEDICAL CENTER	601 DR MARTIN LUTHER KING JR AVE NE
320009	LOVELACE MEDICAL CENTER	601 DR MARTIN LUTHER KING JR AVE NE
320009	LOVELACE MEDICAL CENTER	601 DR MARTIN LUTHER

# knee

Based on Hospital Medicare Payment And Volume Measures



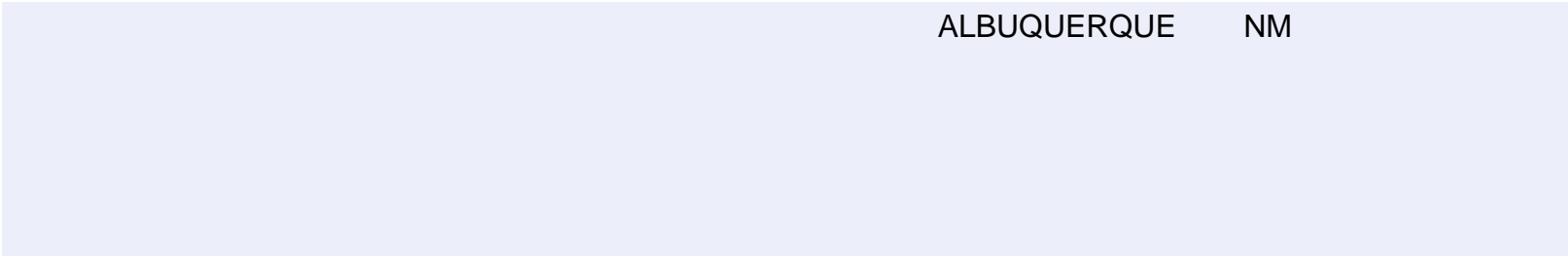
ROSWELL NM



ROSWELL NM



ALBUQUERQUE NM



ALBUQUERQUE NM



ALBUQUERQUE NM

# knee

Based on Hospital Medicare Payment And Volume Measures

88201

CHAVES

5756248722

88201

CHAVES

5756248722

87102

BERNALILLO

5057278000

87102

BERNALILLO

5057278000

87102

BERNALILLO

5057278000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

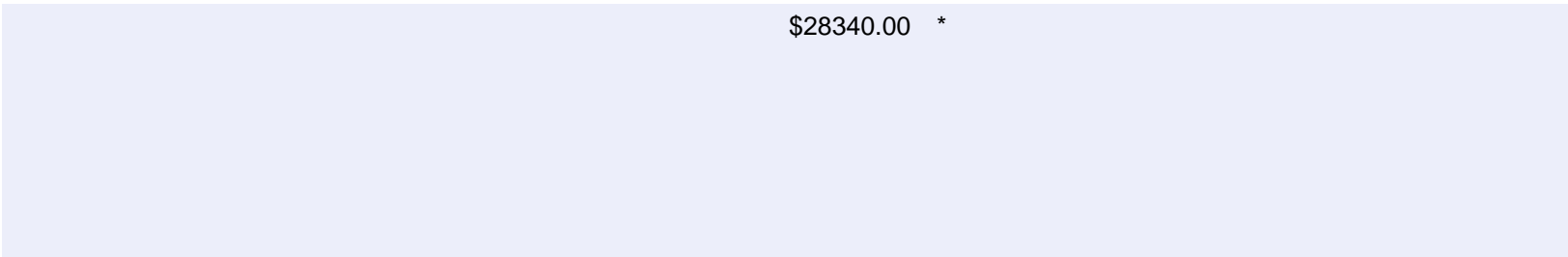


# knee

Based on Hospital Medicare Payment And Volume Measures



\$17515.00 \*



\$28340.00 \*



\$111.00 \*



\$75.00 \*



\$60.00

11

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

KING JR AVE NE  
1010 SPRUCE STREET

320011

ESPANOLA HOSPITAL

320016

GILA REGIONAL MEDICAL CENTER

1313 E 32ND ST

320017

LOVELACE WOMEN'S HOSPITAL

4701 MONTGOMERY  
BOULEVARD NE

320017

LOVELACE WOMEN'S HOSPITAL

4701 MONTGOMERY  
BOULEVARD NE

320018

MEMORIAL MEDICAL CENTER INC

2450 SOUTH TELSHOR BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

ESPANOLA NM

SILVER CITY NM

ALBUQUERQUE NM

ALBUQUERQUE NM

LAS CRUCES NM

# knee

Based on Hospital Medicare Payment And Volume Measures

87532

RIO ARRIBA

5057537111

88061

GRANT

5755384000

87109

BERNALILLO

5057277805

87109

BERNALILLO

5057277805

88011

DONA ANA

5755228641

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18210.00 \*



\$116.00 \*



\$15876.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

320018	MEMORIAL MEDICAL CENTER INC	2450 SOUTH TELSHOR BLVD
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320021	PRESBYTERIAN HOSPITAL	1100 CENTRAL AVENUE SE
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320021	PRESBYTERIAN HOSPITAL	1100 CENTRAL AVENUE SE
--------	-----------------------	------------------------

320021	PRESBYTERIAN HOSPITAL	1100 CENTRAL AVENUE SE
--------	-----------------------	------------------------

320022	PLAINS REGIONAL MEDICAL CENTER CLOVIS	2100 MARTIN LUTHER KING, JR, BLVD
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320022	PLAINS REGIONAL MEDICAL CENTER CLOVIS	2100 MARTIN LUTHER KING, JR, BLVD
--------	--	--------------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LAS CRUCES

NM

ALBUQUERQUE

NM

ALBUQUERQUE

NM

ALBUQUERQUE

NM

CLOVIS

NM

CLOVIS

NM

# knee

Based on Hospital Medicare Payment And Volume Measures

88011	DONA ANA	5755228641
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87106	BERNALILLO	5057247281
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87106	BERNALILLO	5057247281
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87106	BERNALILLO	5057247281
-------	------------	------------

88101	CURRY	5757697155
-------	-------	------------

88101	CURRY	5757697155
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$42552.00 \*

\$26905.00 \*

\$19176.00 31

\$15339.00 43

\$14010.00 \*

\$21982.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

320033	LOS ALAMOS MEDICAL CENTER	3917 WEST ROAD
--------	---------------------------	----------------

320063	CARLSBAD MEDICAL CENTER	2430 W PIERCE
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320063	CARLSBAD MEDICAL CENTER	2430 W PIERCE
--------	-------------------------	---------------

320063	CARLSBAD MEDICAL CENTER	2430 W PIERCE
--------	-------------------------	---------------

320065	LEA REGIONAL MEDICAL CENTER	5419 N LOVINGTON
--------	-----------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LOS ALAMOS

NM

CARLSBAD

NM

CARLSBAD

NM

CARLSBAD

NM

HOBBS

NM



# knee

Based on Hospital Medicare Payment And Volume Measures

87544	LOS ALAMOS	5056624201
-------	------------	------------

88220	EDDY	5758874396
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88220	EDDY	5758874396
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88220	EDDY	5758874396
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88240	LEA	5754925000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15660.00 \*

\$27071.00 \*

\$16609.00 \*

\$14493.00 \*

\$15754.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## HIGHWAY

320065	LEA REGIONAL MEDICAL CENTER	5419 N LOVINGTON HIGHWAY
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320065	LEA REGIONAL MEDICAL CENTER	5419 N LOVINGTON HIGHWAY
--------	-----------------------------	-----------------------------

320074	LOVELACE WESTSIDE HOSPITAL	10501 GOLF COURSE ROAD NW
--------	----------------------------	------------------------------

320074	LOVELACE WESTSIDE HOSPITAL	10501 GOLF COURSE ROAD NW
--------	----------------------------	------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HOBBS NM

HOBBS	NM
-------	----

ALBUQUERQUE NM

ALBUQUERQUE	NM
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

88240

LEA

5754925000

88240

LEA

5754925000

87114

BERNALILLO

5057272001

87114

BERNALILLO

5057272001

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18117.00 \*

\$12885.00 \*

\$1024.00 \*

\$24688.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

320074	LOVELACE WESTSIDE HOSPITAL	10501 GOLF COURSE ROAD NW
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320083	HEART HOSPITAL OF NEW MEXICO	504 ELM STREET NE
--------	------------------------------	-------------------

320083	HEART HOSPITAL OF NEW MEXICO	504 ELM STREET NE
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320085	MOUNTAIN VIEW REGIONAL MEDICAL CENTER	4311 EAST LOHMAN AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ALBUQUERQUE NM

ALBUQUERQUE NM

ALBUQUERQUE NM

LAS CRUCES NM

# knee

Based on Hospital Medicare Payment And Volume Measures

87114	BERNALILLO	5057272001
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87102	BERNALILLO	5057242000
-------	------------	------------

87102	BERNALILLO	5057242000
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88011	DONA ANA	5755567600
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$12464.00 \*

\$24007.00 \*

\$12574.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

320085	MOUNTAIN VIEW REGIONAL MEDICAL CENTER	4311 EAST LOHMAN AVENUE
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320085	MOUNTAIN VIEW REGIONAL MEDICAL CENTER	4311 EAST LOHMAN AVENUE
--------	--	----------------------------

320086	ROSWELL REGIONAL HOSPITAL	117 EAST 19TH STREET
--------	---------------------------	----------------------

320086	ROSWELL REGIONAL HOSPITAL	117 EAST 19TH STREET
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320087	PHYSICIANS MEDICAL CENTER OF	2990 RODEO PARK DRIVE
--------	------------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LAS CRUCES

NM

LAS CRUCES

NM

ROSWELL

NM

ROSWELL

NM

SANTA FE

NM

# knee

Based on Hospital Medicare Payment And Volume Measures

88011	DONA ANA	5755567600
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88011	DONA ANA	5755567600
-------	----------	------------

88201	CHAVES	5756277000
-------	--------	------------

88201	CHAVES	5756277000
-------	--------	------------

87505	SANTA FE	5054285400
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25435.00 \*

\$14290.00 \*

\$16321.00 \*

\$13415.00 \*

\$13621.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

SANTA FE

EAST

320087

PHYSICIANS MEDICAL CENTER OF  
SANTA FE

2990 RODEO PARK DRIVE  
EAST

330003

ALBANY MEMORIAL HOSPITAL

600 NORTHERN  
BOULEVARD

330003

ALBANY MEMORIAL HOSPITAL

600 NORTHERN  
BOULEVARD

330004

KINGSTON HOSPITAL

396 BROADWAY

330004

KINGSTON HOSPITAL

396 BROADWAY

knee

Based on Hospital Medicare Payment And Volume Measures

SANTA FE

NM

ALBANY

NY

ALBANY

NY

KINGSTON

NY

KINGSTON

NY



# knee

Based on Hospital Medicare Payment And Volume Measures

87505	SANTA FE	5054285400
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12204	ALBANY	5184713221
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12204	ALBANY	5184713221
-------	--------	------------

12401	ULSTER	9143313131
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12401	ULSTER	9143313131
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15509.00 \*

\$12600.00	12
------------	----

\$15753.00 \*

\$20613.00 *
--------------

\$16488.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

330005	KALEIDA HEALTH	726 EXCHANGE STREET, SUITE 522
330005	KALEIDA HEALTH	726 EXCHANGE STREET, SUITE 522
330005	KALEIDA HEALTH	726 EXCHANGE STREET, SUITE 522
330008	WYOMING COUNTY COMMUNITY HOSPITAL	400 NORTH MAIN STREET
330008	WYOMING COUNTY COMMUNITY HOSPITAL	400 NORTH MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	BUFFALO	NY
	BUFFALO	NY
	BUFFALO	NY
	WARSAW	NY
	WARSAW	NY

# knee

Based on Hospital Medicare Payment And Volume Measures

14210	ERIE	7168598620
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14210	ERIE	7168598620
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14210	ERIE	7168598620
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14569	WYOMING	5857862233
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14569	WYOMING	5857862233
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17211.00 33

\$2715.00 64

\$26231.00 \*

\$14705.00 \*

\$19885.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330009	BRONX-LEBANON HOSPITAL CENTER	1276 FULTON AVENUE
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330009	BRONX-LEBANON HOSPITAL CENTER	1276 FULTON AVENUE
--------	----------------------------------	--------------------

330011	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC	169 RIVERSIDE DRIVE
--------	---	---------------------

330011	OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC	169 RIVERSIDE DRIVE
--------	---	---------------------

330011	OUR LADY OF LOURDES MEMORIAL	169 RIVERSIDE DRIVE
--------	------------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

	BRONX	NY
	BRONX	NY
	BINGHAMTON	NY
	BINGHAMTON	NY
	BINGHAMTON	NY

# knee

Based on Hospital Medicare Payment And Volume Measures

10456	BRONX	2125887000
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10456	BRONX	2125887000
-------	-------	------------

13905	BROOME	6077985111
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13905	BROOME	6077985111
-------	--------	------------

13905	BROOME	6077985111
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$42030.00 \*

\$62339.00 \*

\$13290.00 \*

\$23978.00 \*

\$16615.00

17

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

	HOSPITAL, INC	
330013	ALBANY MEDICAL CENTER HOSPITAL	43 NEW SCOTLAND AVENUE
330013	ALBANY MEDICAL CENTER HOSPITAL	43 NEW SCOTLAND AVENUE
330013	ALBANY MEDICAL CENTER HOSPITAL	43 NEW SCOTLAND AVENUE
330014	JAMAICA HOSPITAL MEDICAL CENTER	89TH AVENUE AND VAN WYCK EXPRESSWAY
330023	VASSAR BROTHERS MEDICAL CENTER	45 READE PLACE

# knee

Based on Hospital Medicare Payment And Volume Measures

ALBANY NY

ALBANY NY

ALBANY NY

JAMAICA NY

POUGHKEEPSIE NY

# knee

Based on Hospital Medicare Payment And Volume Measures

12208	ALBANY	5182623125
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12208	ALBANY	5182623125
-------	--------	------------

12208	ALBANY	5182623125
-------	--------	------------

11418	QUEENS	7182626000
-------	--------	------------

12601	DUTCHESS	8454548500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18602.00

17

\$33110.00 \*

\$17855.00 \*

\$35296.00 \*

\$17022.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

330023

VASSAR BROTHERS MEDICAL  
CENTER

45 READE PLACE

330023

VASSAR BROTHERS MEDICAL  
CENTER

45 READE PLACE

330024

MOUNT SINAI HOSPITAL

ONE GUSTAVE L LEVY  
PLACE

330024

MOUNT SINAI HOSPITAL

ONE GUSTAVE L LEVY  
PLACE

330024

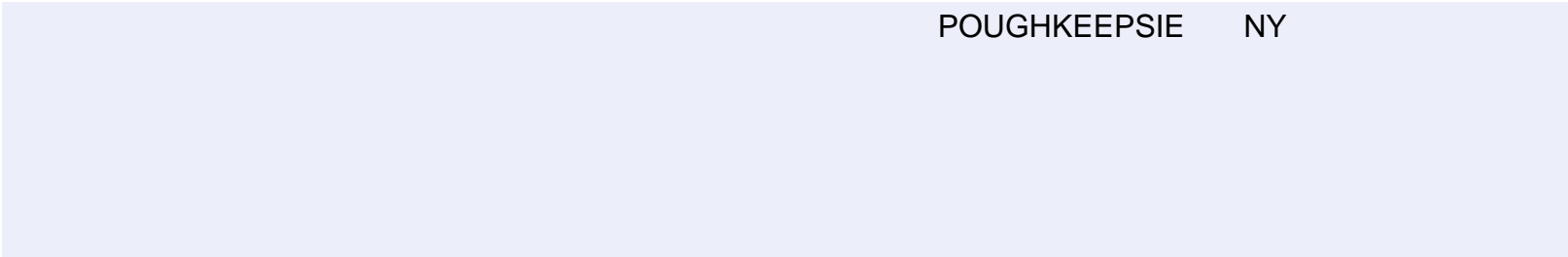
MOUNT SINAI HOSPITAL

ONE GUSTAVE L LEVY  
PLACE

# knee

Based on Hospital Medicare Payment And Volume Measures

POUGHKEEPSIE NY



POUGHKEEPSIE NY

NEW YORK NY



NEW YORK NY

NEW YORK NY



# knee

Based on Hospital Medicare Payment And Volume Measures

12601	DUTCHESS	8454548500
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12601	DUTCHESS	8454548500
-------	----------	------------

10029	NEW YORK	2122417981
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10029	NEW YORK	2122417981
-------	----------	------------

10029	NEW YORK	2122417981
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21281.00 \*

\$31564.00 \*

\$45735.00 \*

\$31231.00

17

\$24980.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

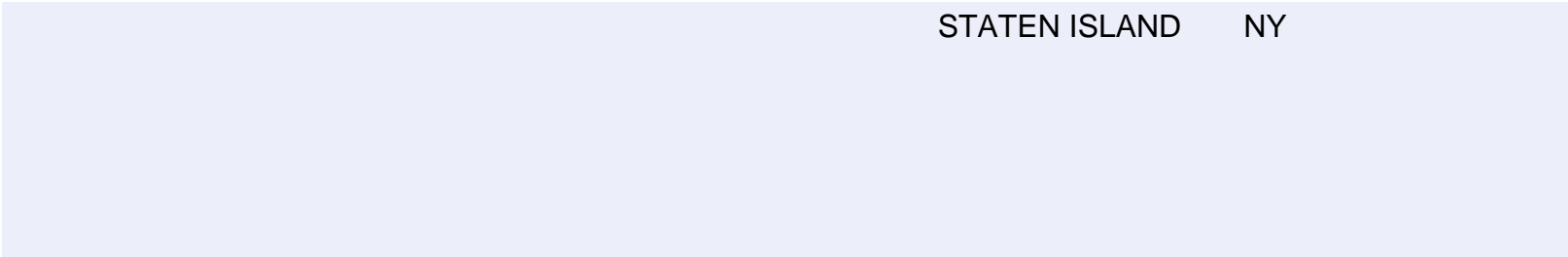
Based on Hospital Medicare Payment And Volume Measures

330027	NASSAU UNIVERSITY MEDICAL CENTER	2201 HEMPSTEAD TURNPIKE
330028	RICHMOND UNIVERSITY MEDICAL CENTER	355 BARD AVENUE
330028	RICHMOND UNIVERSITY MEDICAL CENTER	355 BARD AVENUE
330028	RICHMOND UNIVERSITY MEDICAL CENTER	355 BARD AVENUE
330030	NEWARK-WAYNE COMMUNITY	111 DRIVING PARK AVENUE

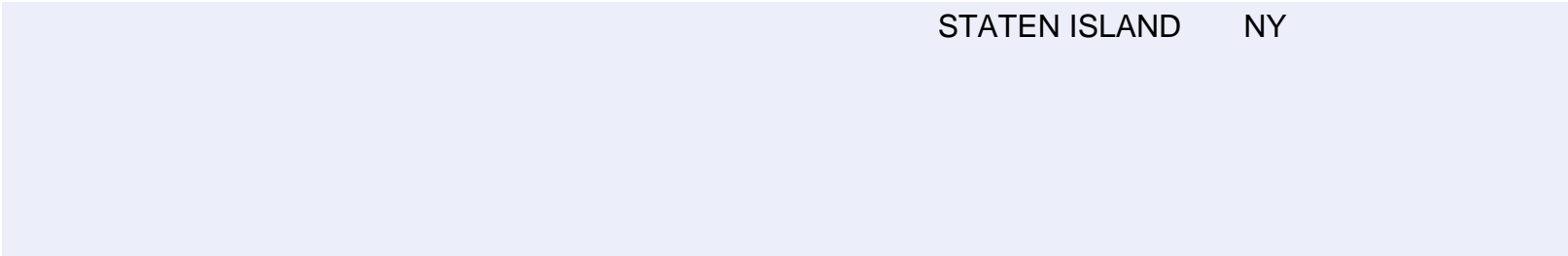
# knee

Based on Hospital Medicare Payment And Volume Measures

EAST MEADOW NY



STATEN ISLAND NY



NEWARK NY

# knee

Based on Hospital Medicare Payment And Volume Measures

11554

NASSAU

5165720123

10304

RICHMOND

7188181234

10304

RICHMOND

7188181234

10304

RICHMOND

7188181234

14513

WAYNE

3153322022

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$33527.00 \*

\$24696.00 \*

\$43956.00 \*

\$2116.00 \*

\$14017.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITAL

330030	NEWARK-WAYNE COMMUNITY HOSPITAL	111 DRIVING PARK AVENUE
--------	------------------------------------	-------------------------

330033	CHENANGO MEMORIAL HOSPITAL, INC	179 NORTH BROAD STREET
--------	------------------------------------	------------------------

330043	SOUTHSIDE HOSPITAL	301 EAST MAIN STREET
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330043	SOUTHSIDE HOSPITAL	301 EAST MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEWARK

NY

NORWICH

NY

BAY SHORE

NY

BAY SHORE

NY

# knee

Based on Hospital Medicare Payment And Volume Measures

14513

WAYNE

3153322022

13815

CHENANGO

6073354111

11706

SUFFOLK

6319683000

11706

SUFFOLK

6319683000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17622.00 \*

\$16692.00 \*

\$19670.00 \*

\$24563.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

330043	SOUTHSIDE HOSPITAL	301 EAST MAIN STREET
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330044	FAXTON-ST LUKE'S HEALTHCARE	1656 CHAMPLIN AVENUE
--------	-----------------------------	----------------------

330044	FAXTON-ST LUKE'S HEALTHCARE	1656 CHAMPLIN AVENUE
--------	-----------------------------	----------------------

330044	FAXTON-ST LUKE'S HEALTHCARE	1656 CHAMPLIN AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BAY SHORE

NY

UTICA

NY

UTICA

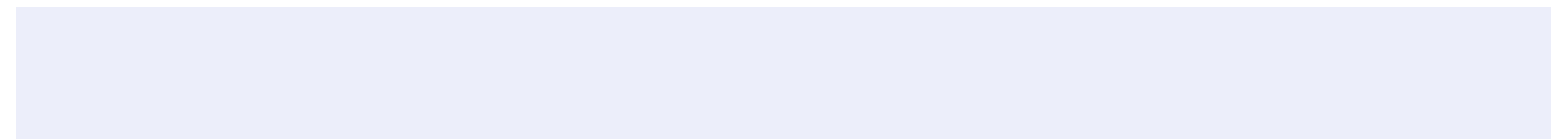
NY

UTICA

NY

# knee

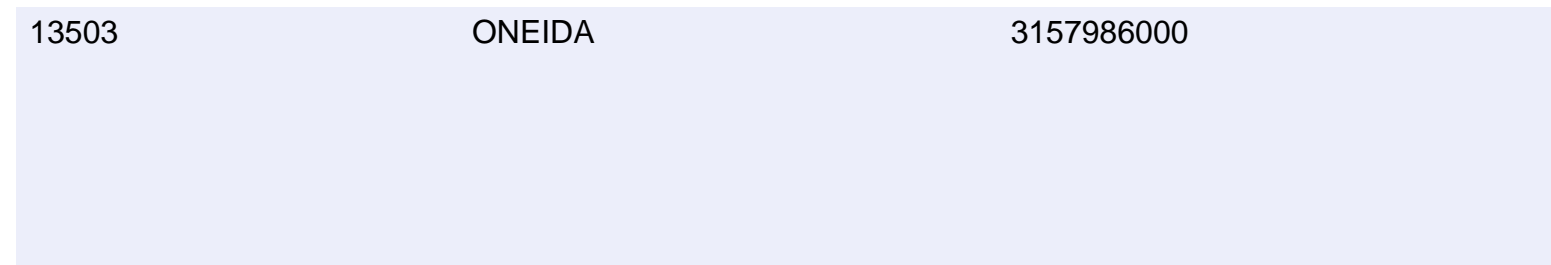
Based on Hospital Medicare Payment And Volume Measures



11706

SUFFOLK

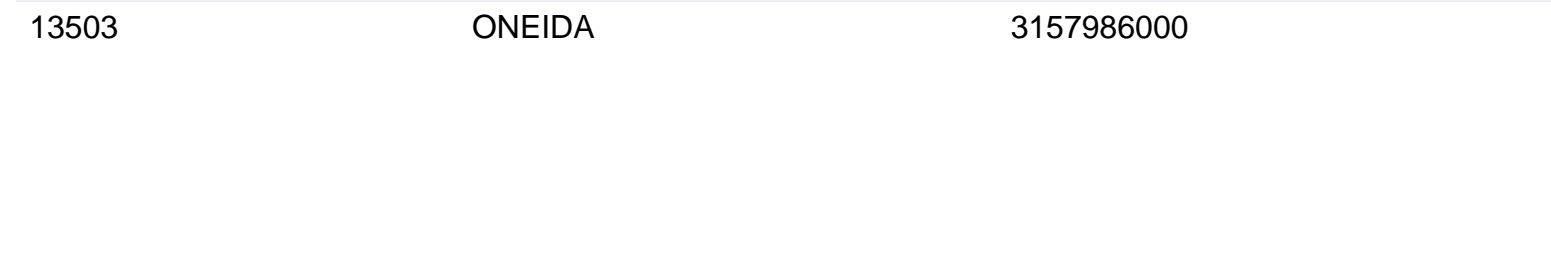
6319683000



13503

ONEIDA

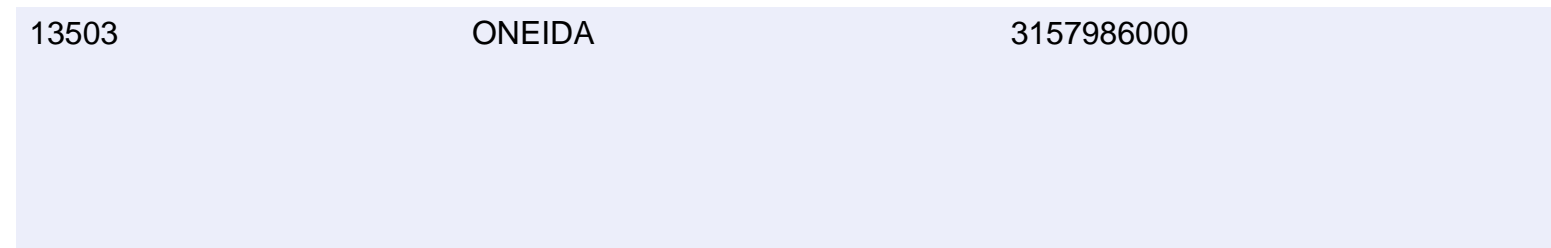
3157986000



13503

ONEIDA

3157986000



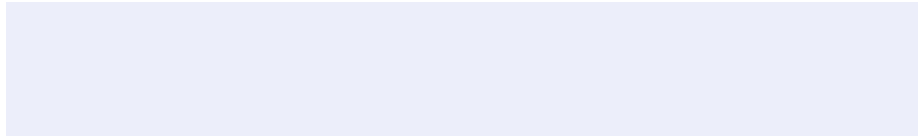
13503

ONEIDA

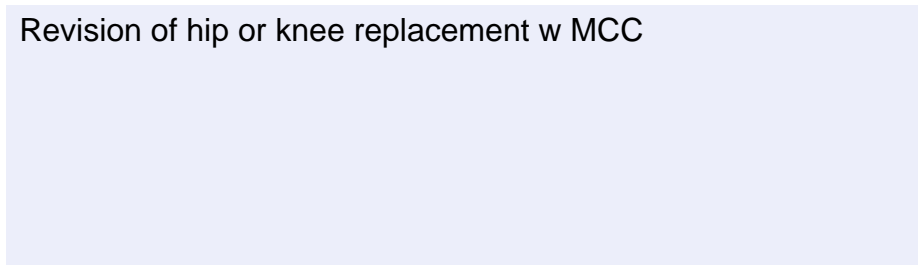
3157986000

# knee

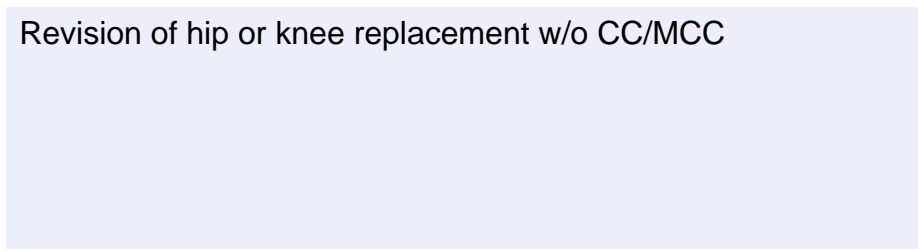
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC

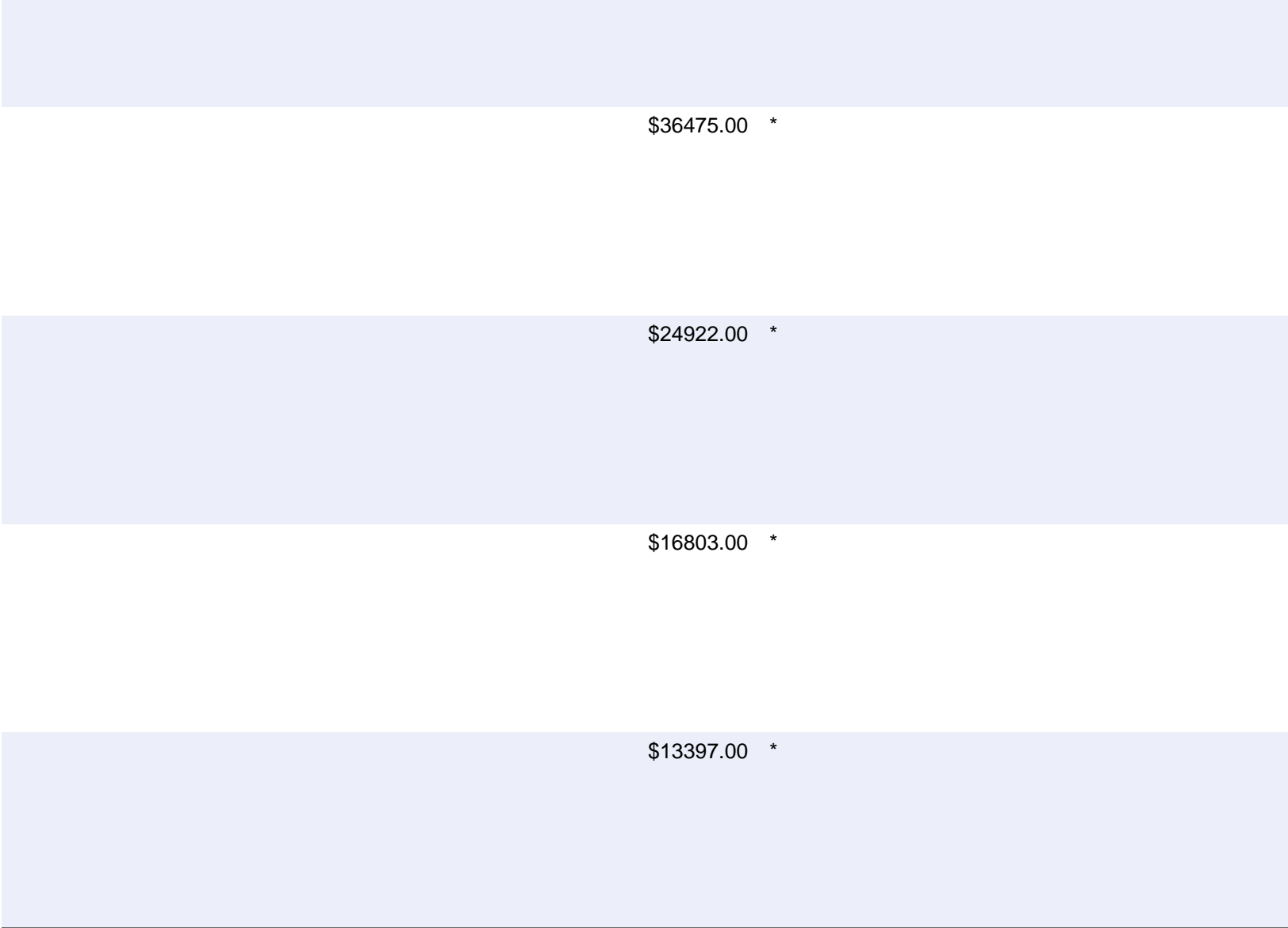


Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$36475.00 *
2	\$24922.00 *
3	\$13397.00 *

\$36475.00 \*

\$24922.00 \*

\$16803.00 \*

\$13397.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

330045	HUNTINGTON HOSPITAL	270 PARK AVENUE
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330045	HUNTINGTON HOSPITAL	270 PARK AVENUE
--------	---------------------	-----------------

330045	HUNTINGTON HOSPITAL	270 PARK AVENUE
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330046	ST LUKE'S ROOSEVELT HOSPITAL	1111 AMSTERDAM AVENUE
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330046	ST LUKE'S ROOSEVELT HOSPITAL	1111 AMSTERDAM AVENUE
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knee

Based on Hospital Medicare Payment And Volume Measures

HUNTINGTON NY

HUNTINGTON NY

HUNTINGTON NY

NEW YORK NY

NEW YORK NY



# knee

Based on Hospital Medicare Payment And Volume Measures

11743	SUFFOLK	6313512000
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11743	SUFFOLK	6313512000
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11743	SUFFOLK	6313512000
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10025	NEW YORK	2125234000
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10025	NEW YORK	2125234000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16372.00	12
	\$20468.00 *	
	\$30359.00 *	
	\$48098.00 *	
	\$5068.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330046	ST LUKE'S ROOSEVELT HOSPITAL	1111 AMSTERDAM AVENUE
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330047	ST MARY'S HOSPITAL AT AMSTERDAM	427 GUY PARK AVENUE
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330047	ST MARY'S HOSPITAL AT AMSTERDAM	427 GUY PARK AVENUE
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330049	NORTHERN DUTCHESS HOSPITAL	6511 SPRINGBROOK AVENUE
--------	----------------------------	----------------------------

330049	NORTHERN DUTCHESS HOSPITAL	6511 SPRINGBROOK AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEW YORK NY

AMSTERDAM NY

AMSTERDAM NY

RHINEBECK NY

RHINEBECK NY

# knee

Based on Hospital Medicare Payment And Volume Measures

10025	NEW YORK	2125234000
12010	MONTGOMERY	5188421900
12010	MONTGOMERY	5188421900
12572	DUTCHESS	8458713391
12572	DUTCHESS	8458713391

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$26490.00 \*

\$13532.00 \*

\$13938.00 \*

\$30112.00 \*

\$20302.00

17

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330049	NORTHERN DUTCHESS HOSPITAL	6511 SPRINGBROOK AVENUE
330055	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS	56-45 MAIN STREET
330055	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS	56-45 MAIN STREET
330055	NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS	56-45 MAIN STREET
330057	ST PETER'S HOSPITAL	315 SOUTH MANNING BOULEVARD
330057	ST PETER'S HOSPITAL	315 SOUTH MANNING BOULEVARD
330057	ST PETER'S HOSPITAL	315 SOUTH MANNING BOULEVARD
330058	GENEVA GENERAL HOSPITAL	196 -198 NORTH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

RHINEBECK NY

FLUSHING NY

FLUSHING NY

FLUSHING NY

ALBANY NY

ALBANY NY

ALBANY NY

GENEVA NY

# knee

Based on Hospital Medicare Payment And Volume Measures

12572	DUTCHESS	8458713391
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11355	QUEENS	7186701231
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11355	QUEENS	7186701231
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11355	QUEENS	7186701231
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12208	ALBANY	5185251550
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12208	ALBANY	5185251550
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12208	ALBANY	5185251550
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14456	ONTARIO	3157874175
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16239.00 11

\$11316.00 12

\$29605.00 11

\$43910.00 \*

\$12297.00 26

\$24857.00 \*

\$13965.00 21

\$13545.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

330059	MONTEFIORE MEDICAL CENTER	111 EAST 210TH STREET
330059	MONTEFIORE MEDICAL CENTER	111 EAST 210TH STREET
330059	MONTEFIORE MEDICAL CENTER	111 EAST 210TH STREET

330061	LAWRENCE HOSPITAL CENTER	55 PALMER AVENUE
330061	LAWRENCE HOSPITAL CENTER	55 PALMER AVENUE

330061	LAWRENCE HOSPITAL CENTER	55 PALMER AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BRONX NY

BRONX NY

BRONX NY

BRONXVILLE NY

BRONXVILLE NY

BRONXVILLE NY

# knee

Based on Hospital Medicare Payment And Volume Measures

10467	BRONX	7189204321
10467	BRONX	7189204321
10467	BRONX	7189204321

10708	WESTCHESTER	9147871000
10708	WESTCHESTER	9147871000

10708	WESTCHESTER	9147871000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$5038.00	15
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\$6299.00	22
-----------	----

\$34389.00	*
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\$28864.00	*
------------	---

\$18858.00	*
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\$16455.00	*
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# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330064	NEW YORK DOWNTOWN HOSPITAL	170 WILLIAM STREET
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330064	NEW YORK DOWNTOWN HOSPITAL	170 WILLIAM STREET
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330065	NIAGARA FALLS MEMORIAL MEDICAL CENTER	621 TENTH STREET
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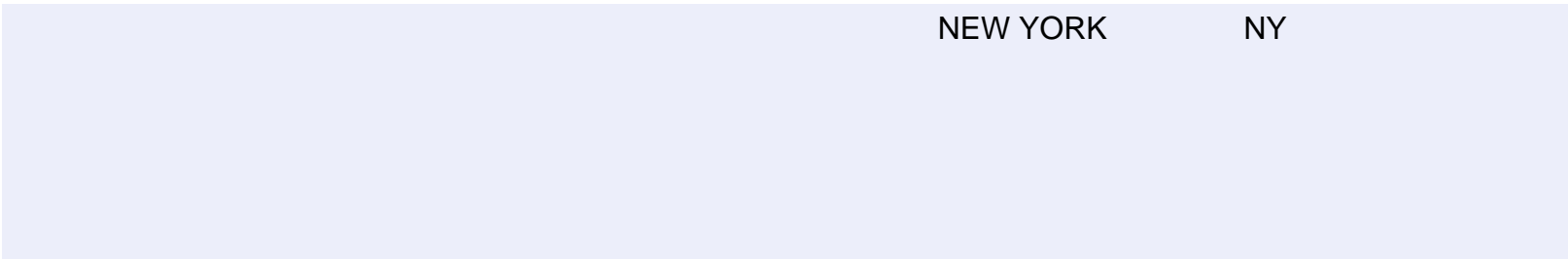
330065	NIAGARA FALLS MEMORIAL MEDICAL CENTER	621 TENTH STREET
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# knee

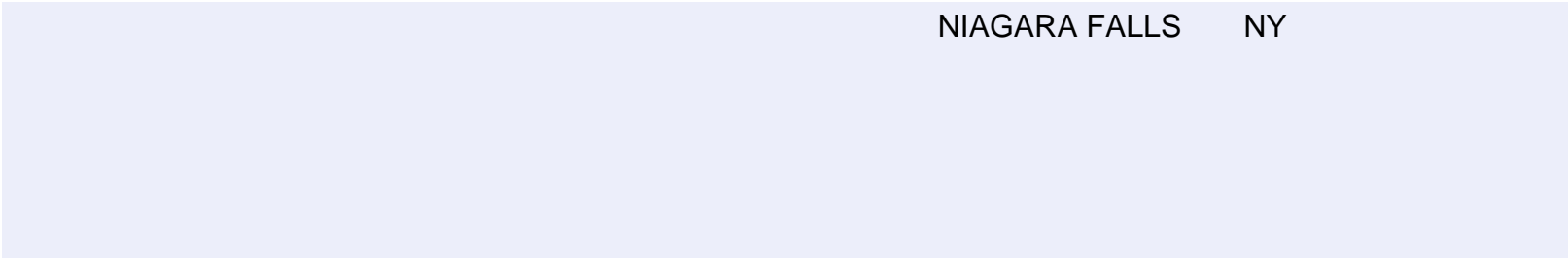
Based on Hospital Medicare Payment And Volume Measures



NEW YORK NY



NEW YORK NY



NIAGARA FALLS NY



# knee

Based on Hospital Medicare Payment And Volume Measures

10038	NEW YORK	2123125000
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10038	NEW YORK	2123125000
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14302	NIAGARA	7162784000
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14302	NIAGARA	7162784000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

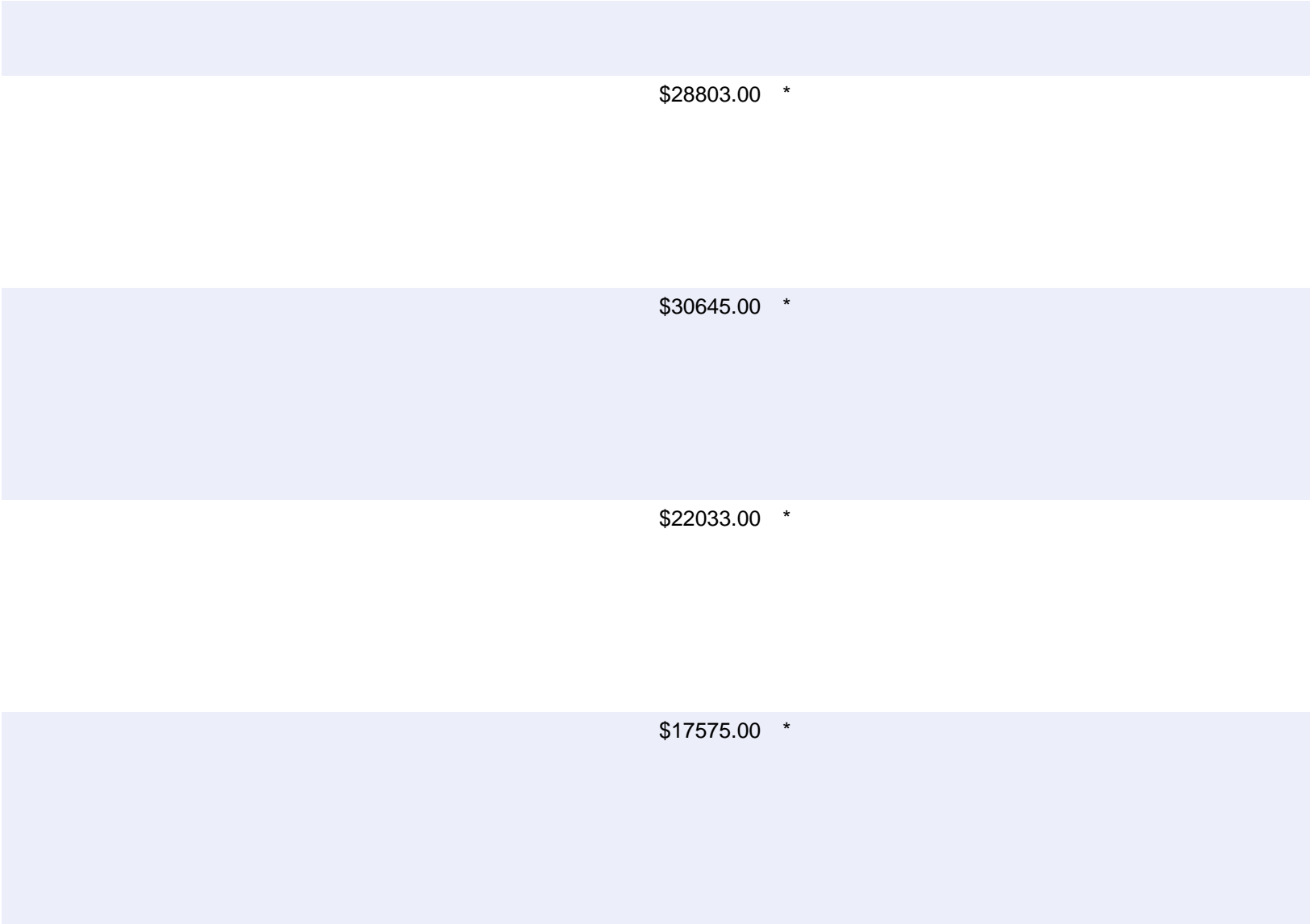
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$28803.00 *
2	\$30645.00 *
3	\$22033.00 *
4	\$17575.00 *

\$28803.00 \*

\$30645.00 \*

\$22033.00 \*

\$17575.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330067	ST FRANCIS HOSPITAL	241 NORTH ROAD
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330067	ST FRANCIS HOSPITAL	241 NORTH ROAD
--------	---------------------	----------------

330067	ST FRANCIS HOSPITAL	241 NORTH ROAD
--------	---------------------	----------------

330073	UNITED MEMORIAL MEDICAL CENTER	127 NORTH STREET
--------	-----------------------------------	------------------

330073	UNITED MEMORIAL MEDICAL CENTER	127 NORTH STREET
--------	-----------------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

POUGHKEEPSIE NY

POUGHKEEPSIE NY

POUGHKEEPSIE NY

BATAVIA NY

BATAVIA NY

# knee

Based on Hospital Medicare Payment And Volume Measures

12601	DUTCHESS	8454835000
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12601	DUTCHESS	8454835000
-------	----------	------------

12601	DUTCHESS	8454835000
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14020	GENESEE	5853436030
-------	---------	------------

14020	GENESEE	5853436030
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21078.00 \*

\$32748.00 \*

\$26284.00 \*

\$8031.00 \*

\$14615.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

330074

F F THOMPSON HOSPITAL

350 PARRISH STREET

330074

F F THOMPSON HOSPITAL

350 PARRISH STREET

330078

SISTERS OF CHARITY HOSPITAL

2157 MAIN STREET

330078

SISTERS OF CHARITY HOSPITAL

2157 MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

CANANDAIGUA NY

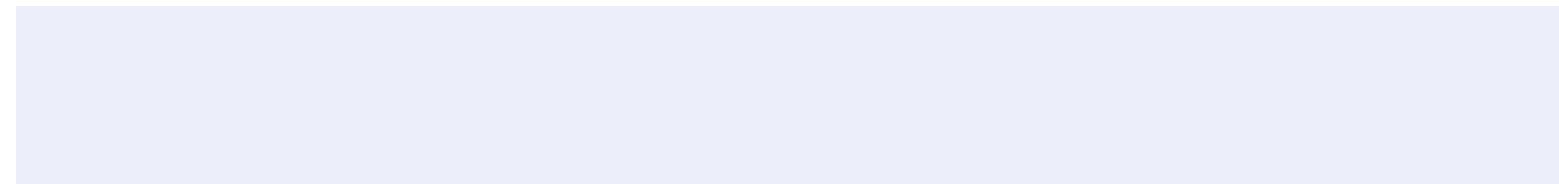
CANANDAIGUA NY

BUFFALO NY

BUFFALO NY

# knee

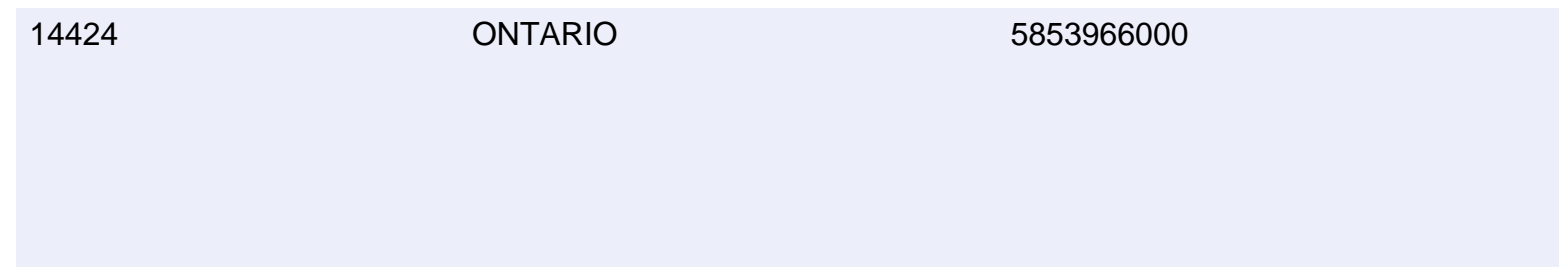
Based on Hospital Medicare Payment And Volume Measures



14424

ONTARIO

5853966000



14424

ONTARIO

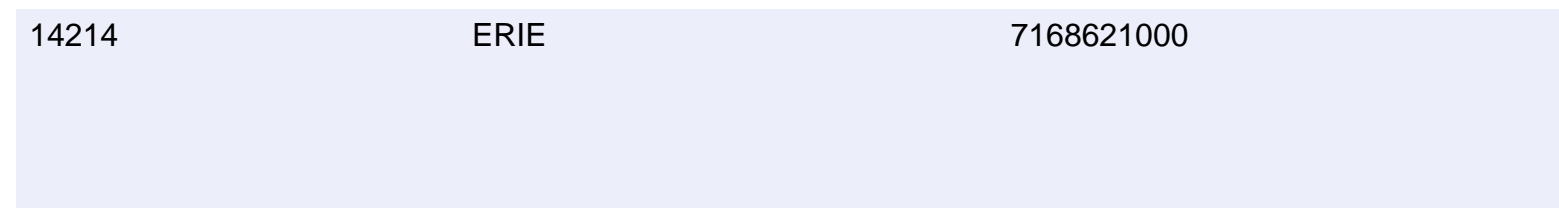
5853966000



14214

ERIE

7168621000



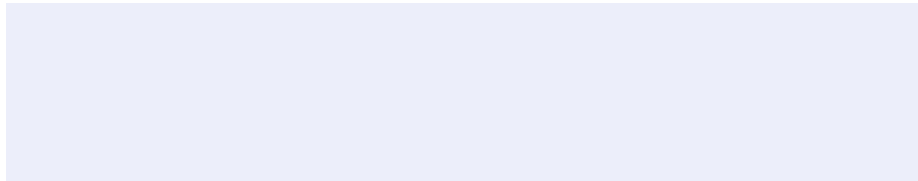
14214

ERIE

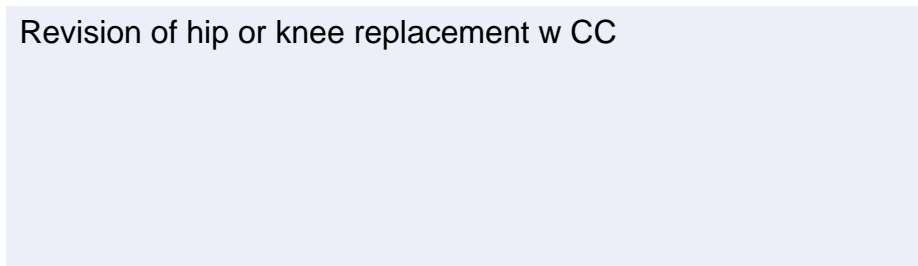
7168621000

# knee

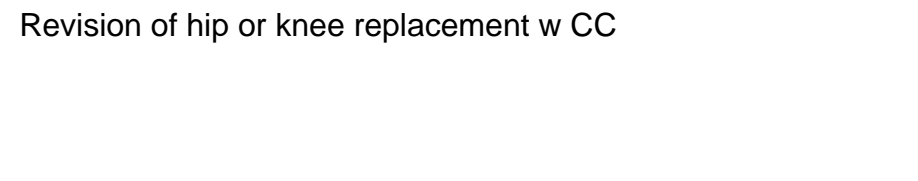
Based on Hospital Medicare Payment And Volume Measures



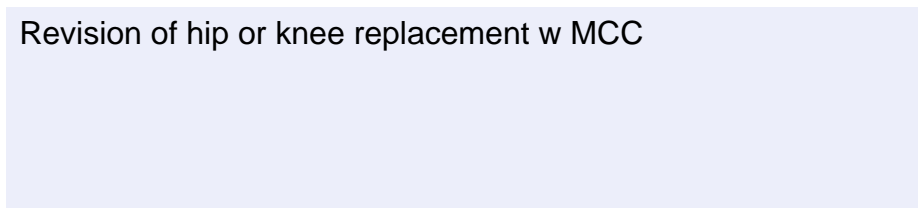
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$30562.00 \*

\$15192.00 \*

\$1155.00 \*

\$26129.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330078	SISTERS OF CHARITY HOSPITAL	2157 MAIN STREET
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330079	ADIRONDACK MEDICAL CENTER	2233 STATE ROUTE 86
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330079	ADIRONDACK MEDICAL CENTER	2233 STATE ROUTE 86
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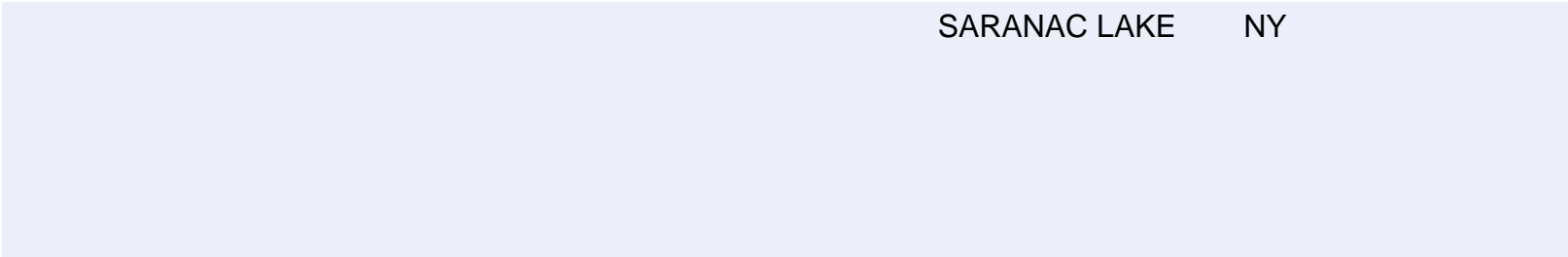
330079	ADIRONDACK MEDICAL CENTER	2233 STATE ROUTE 86
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# knee

Based on Hospital Medicare Payment And Volume Measures



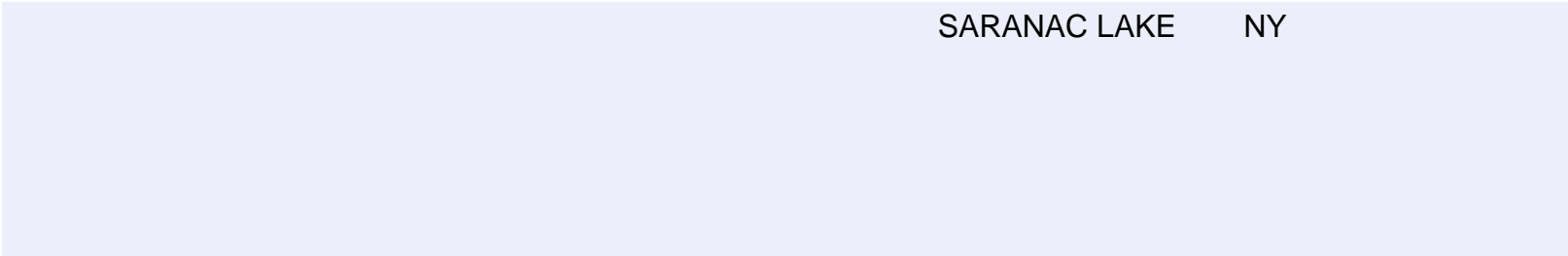
BUFFALO NY



SARANAC LAKE NY



SARANAC LAKE NY



SARANAC LAKE NY

# knee

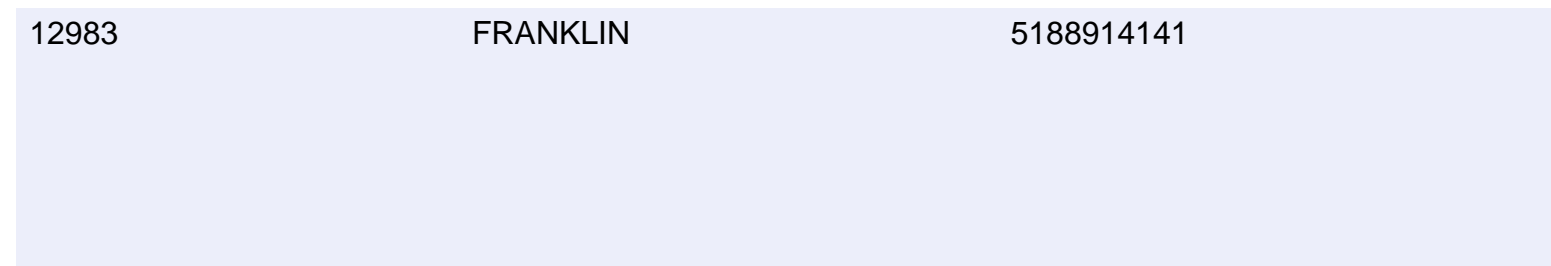
Based on Hospital Medicare Payment And Volume Measures



14214

ERIE

7168621000



12983

FRANKLIN

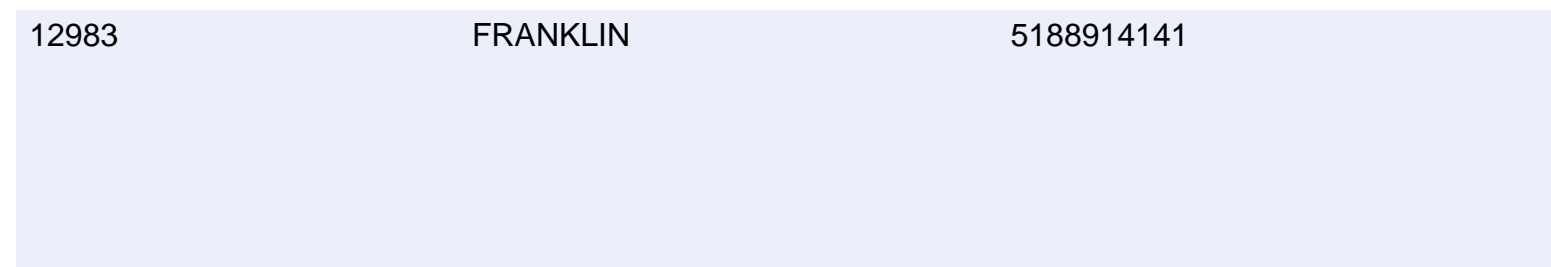
5188914141



12983

FRANKLIN

5188914141



12983

FRANKLIN

5188914141

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1015.00 \*

\$14721.00 \*

\$26920.00 \*

\$18403.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330084	ALICE HYDE MEDICAL CENTER	133 PARK STREET
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330084	ALICE HYDE MEDICAL CENTER	133 PARK STREET
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330085	AURELIA OSBORN FOX MEMORIAL HOSPITAL	ONE NORTON AVENUE
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330086	MOUNT VERNON HOSPITAL	12 NORTH 7TH AVENUE
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330086	MOUNT VERNON HOSPITAL	12 NORTH 7TH AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MALONE NY

MALONE NY

ONEONTA NY

MOUNT VERNON NY

MOUNT VERNON NY



# knee

Based on Hospital Medicare Payment And Volume Measures

12953	FRANKLIN	5184833000
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12953	FRANKLIN	5184833000
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13820	OTSEGO	6074232000
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10550	WESTCHESTER	9146648000
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10550	WESTCHESTER	9146648000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17841.00 \*

\$24275.00 \*

\$13729.00 \*

\$39248.00 \*

\$25660.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

330090

ARNOT OGDEN MEDICAL CENTER

600 ROE AVENUE

330090

ARNOT OGDEN MEDICAL CENTER

600 ROE AVENUE

330090

ARNOT OGDEN MEDICAL CENTER

600 ROE AVENUE

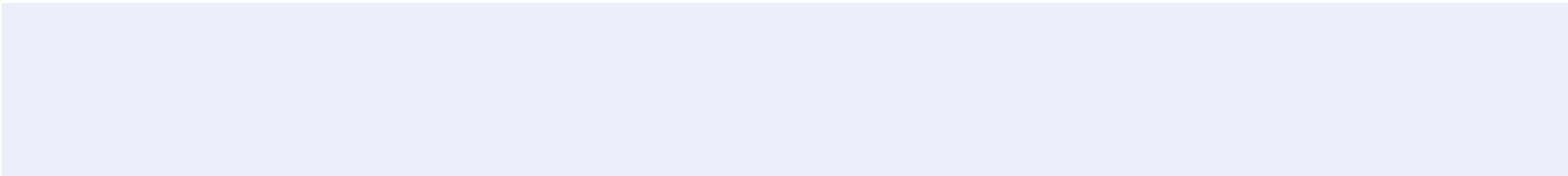
330094

COLUMBIA MEMORIAL HOSPITAL

71 PROSPECT AVENUE

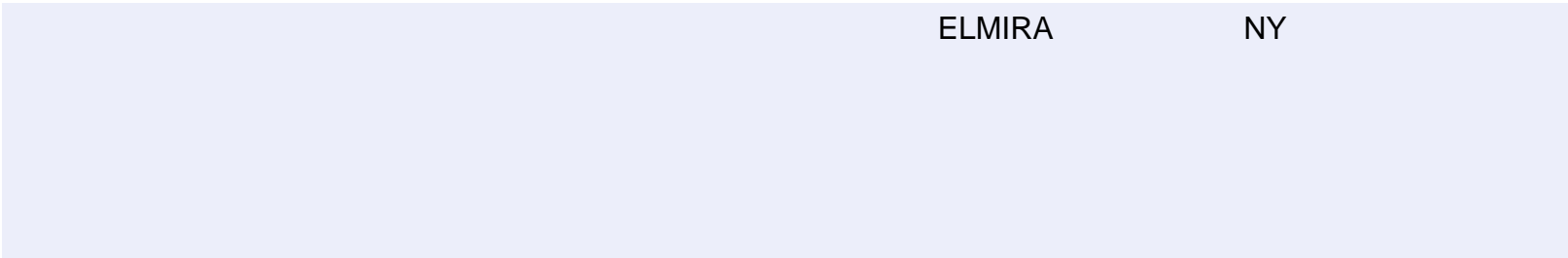
# knee

Based on Hospital Medicare Payment And Volume Measures



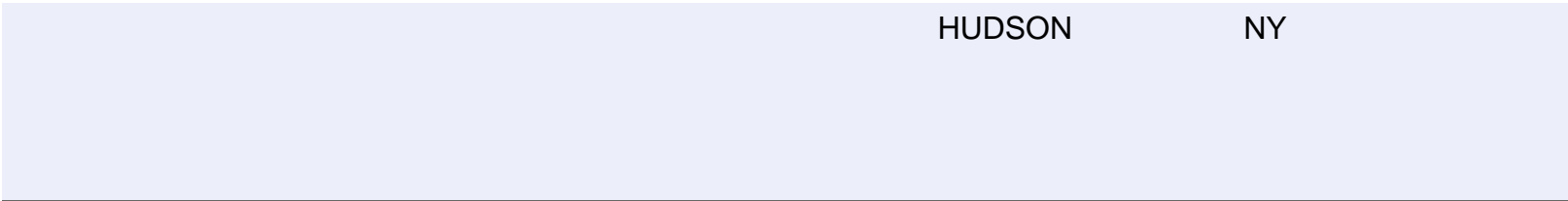
ELMIRA

NY



ELMIRA

NY

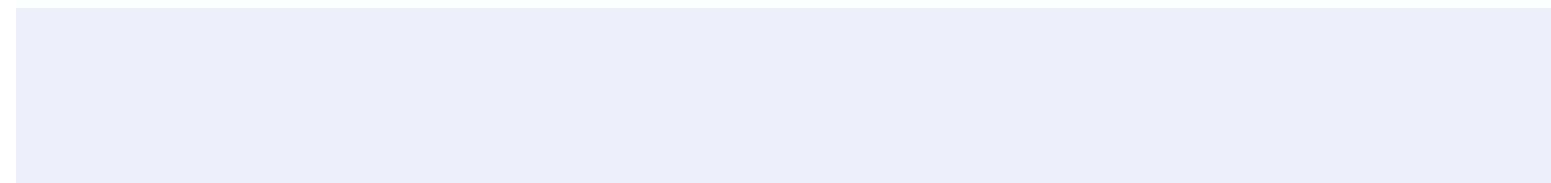


HUDSON

NY

# knee

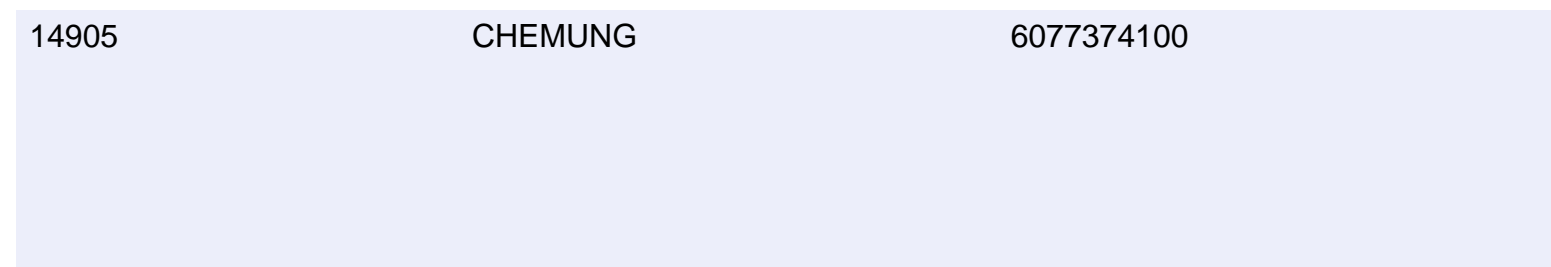
Based on Hospital Medicare Payment And Volume Measures



14905

CHEMUNG

6077374100



14905

CHEMUNG

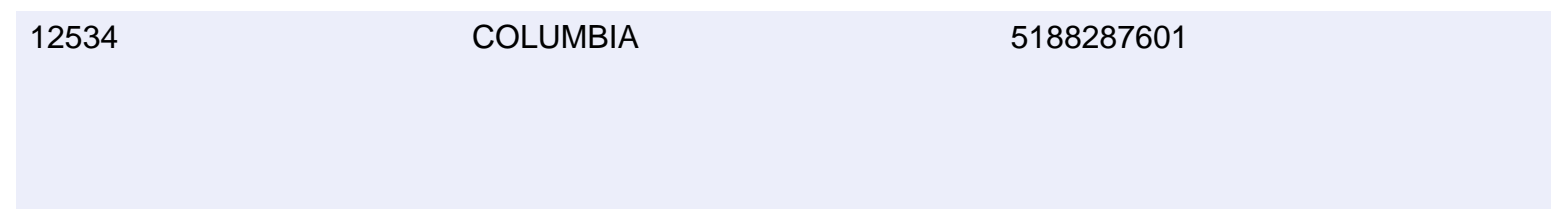
6077374100



14905

CHEMUNG

6077374100



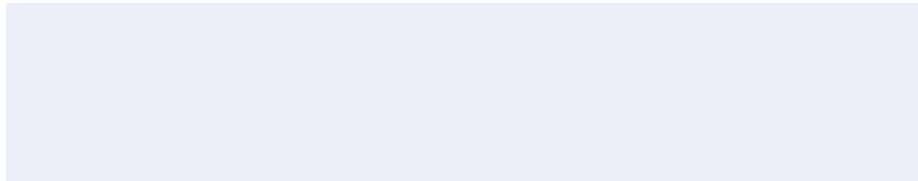
12534

COLUMBIA

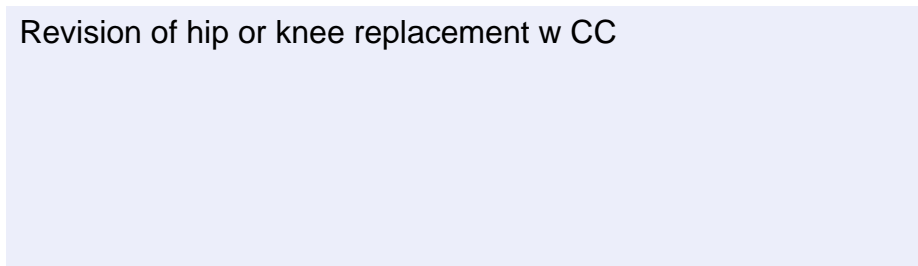
5188287601

# knee

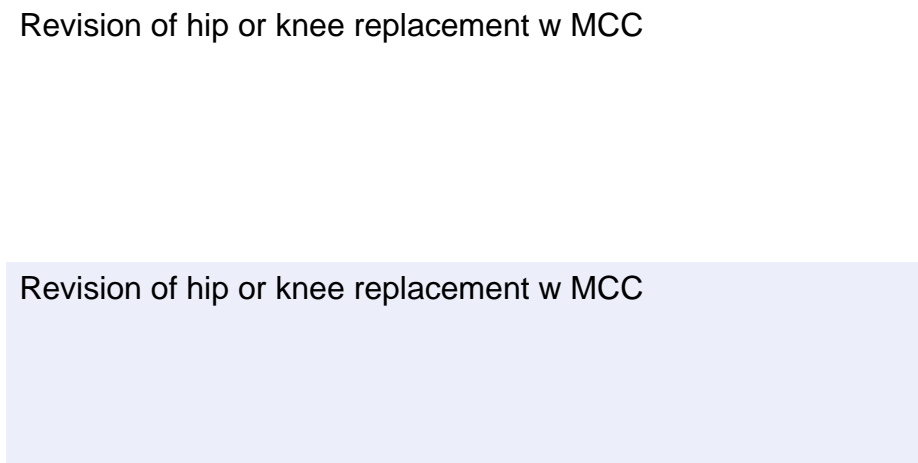
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14073.00 \*

\$17594.00 \*

\$24686.00 \*

\$26159.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330094	COLUMBIA MEMORIAL HOSPITAL	71 PROSPECT AVENUE
330094	COLUMBIA MEMORIAL HOSPITAL	71 PROSPECT AVENUE
330101	NEW YORK-PRESBYTERIAN HOSPITAL	525 EAST 68TH STREET
330101	NEW YORK-PRESBYTERIAN HOSPITAL	525 EAST 68TH STREET
330101	NEW YORK-PRESBYTERIAN HOSPITAL	525 EAST 68TH STREET
330102	KENMORE MERCY HOSPITAL	2950 ELMWOOD AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

HUDSON	NY
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HUDSON	NY
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NEW YORK	NY
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NEW YORK	NY
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NEW YORK	NY
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KENMORE	NY
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# knee

Based on Hospital Medicare Payment And Volume Measures

12534	COLUMBIA	5188287601
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12534	COLUMBIA	5188287601
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10021	NEW YORK	2127464189
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10021	NEW YORK	2127464189
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10021	NEW YORK	2127464189
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14217	ERIE	7164476100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17637.00 *		
\$14107.00 *		
\$25718.00		20
\$32153.00		16
\$47690.00		13
\$8830.00 *		

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330102	KENMORE MERCY HOSPITAL	2950 ELMWOOD AVENUE
330102	KENMORE MERCY HOSPITAL	2950 ELMWOOD AVENUE
330103	OLEAN GENERAL HOSPITAL	515 MAIN STREET

330103	OLEAN GENERAL HOSPITAL	515 MAIN STREET
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330104	NYACK HOSPITAL	160 NORTH MIDLAND AVENUE
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330104	NYACK HOSPITAL	160 NORTH MIDLAND AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

KENMORE NY

KENMORE NY

OLEAN NY

OLEAN NY

NYACK NY

NYACK NY

# knee

Based on Hospital Medicare Payment And Volume Measures

14217	ERIE	7164476100
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14217	ERIE	7164476100
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14760	CATTARAUGUS	7163732600
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14760	CATTARAUGUS	7163732600
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10960	ROCKLAND	8453482000
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10960	ROCKLAND	8453482000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13796.00	25
	\$7155.00	22
	\$12968.00 *	
	\$16213.00 *	
	\$23722.00 *	
	\$1068.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

330104	NYACK HOSPITAL	160 NORTH MIDLAND AVENUE
330106	NORTH SHORE UNIVERSITY HOSPITAL	300 COMMUNITY DRIVE
330106	NORTH SHORE UNIVERSITY HOSPITAL	300 COMMUNITY DRIVE
330106	NORTH SHORE UNIVERSITY HOSPITAL	300 COMMUNITY DRIVE
330107	PECONIC BAY MEDICAL CENTER	1300 ROANOKE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

NYACK NY

MANHASSET NY

MANHASSET NY

MANHASSET NY

RIVERHEAD NY



# knee

Based on Hospital Medicare Payment And Volume Measures

10960	ROCKLAND	8453482000
11030	NASSAU	5165620100
11030	NASSAU	5165620100
11030	NASSAU	5165620100
11901	SUFFOLK	6315486000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$22346.00 \*



\$27994.00

22



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

330107	PECONIC BAY MEDICAL CENTER	1300 ROANOKE AVENUE
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330107	PECONIC BAY MEDICAL CENTER	1300 ROANOKE AVENUE
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330108	ST JOSEPH'S HOSPITAL, INC	555 EAST MARKET STREET
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330108	ST JOSEPH'S HOSPITAL, INC	555 EAST MARKET STREET
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330115	ONEIDA HEALTHCARE CENTER	321 GENESEE STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

RIVERHEAD NY

RIVERHEAD NY

ELMIRA NY

ELMIRA NY

ONEIDA NY

# knee

Based on Hospital Medicare Payment And Volume Measures

11901	SUFFOLK	6315486000
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11901	SUFFOLK	6315486000
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14902	CHEMUNG	6077336541
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14902	CHEMUNG	6077336541
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13421	MADISON	3153636000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$31042.00 \*

\$16740.00 \*

\$13381.00 \*

\$16729.00 \*

\$14660.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

330119	LENOX HILL HOSPITAL	100 EAST 77TH STREET
330119	LENOX HILL HOSPITAL	100 EAST 77TH STREET
330119	LENOX HILL HOSPITAL	100 EAST 77TH STREET
330125	ROCHESTER GENERAL HOSPITAL	1425 PORTLAND AVENUE
330125	ROCHESTER GENERAL HOSPITAL	1425 PORTLAND AVENUE
330125	ROCHESTER GENERAL HOSPITAL	1425 PORTLAND AVENUE
330126	ORANGE REGIONAL MEDICAL CENTER	4 HARRIMAN DRIVE
330126	ORANGE REGIONAL MEDICAL CENTER	4 HARRIMAN DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	NEW YORK	NY
	NEW YORK	NY
	NEW YORK	NY
	ROCHESTER	NY
	ROCHESTER	NY
	ROCHESTER	NY
	GOSHEN	NY
	GOSHEN	NY

# knee

Based on Hospital Medicare Payment And Volume Measures

10021	NEW YORK	2124392345
10021	NEW YORK	2124392345
10021	NEW YORK	2124392345
14621	MONROE	5859224000
14621	MONROE	5859224000
14621	MONROE	5859224000
10924	ORANGE	8453432424
10924	ORANGE	8453432424

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$26257.00	16
	\$21870.00 *	
	\$21002.00	30
	\$1486.00	13
	\$2755.00	11
	\$1857.00	16
	\$21109.00 *	
	\$28348.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330126	ORANGE REGIONAL MEDICAL CENTER	4 HARRIMAN DRIVE
330127	JACOBI MEDICAL CENTER	1400 PELHAM PARKWAY SOUTH
330128	ELMHURST HOSPITAL CENTER	79-01 BROADWAY
330132	TLC HEALTH NETWORK	100 MEMORIAL DRIVE
330136	MARY IMOGENE BASSETT HOSPITAL	ONE ATWELL ROAD
330136	MARY IMOGENE BASSETT HOSPITAL	ONE ATWELL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

GOSHEN NY

BRONX NY

ELMHURST NY

GOWANDA NY

COOPERSTOWN NY

COOPERSTOWN NY

# knee

Based on Hospital Medicare Payment And Volume Measures

10924	ORANGE	8453432424
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10461	BRONX	7189185000
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11373	QUEENS	7183341141
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14070	CATTARAUGUS	7165323377
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13326	OTSEGO	6075473456
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13326	OTSEGO	6075473456
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15497.00	12
	\$5156.00 *	
	\$38087.00 *	
	\$13593.00 *	
	\$20578.00	11
	\$28843.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

330136	MARY IMOGENE BASSETT HOSPITAL	ONE ATWELL ROAD
330140	ST JOSEPH'S HOSPITAL HEALTH CENTER	301 PROSPECT AVENUE
330140	ST JOSEPH'S HOSPITAL HEALTH CENTER	301 PROSPECT AVENUE
330140	ST JOSEPH'S HOSPITAL HEALTH CENTER	301 PROSPECT AVENUE
330141	BROOKHAVEN MEMORIAL HOSPITAL	101 HOSPITAL ROAD
330141	BROOKHAVEN MEMORIAL HOSPITAL	101 HOSPITAL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

COOPERSTOWN NY

SYRACUSE NY

SYRACUSE NY

SYRACUSE NY

PATCHOGUE NY

PATCHOGUE NY



# knee

Based on Hospital Medicare Payment And Volume Measures

13326	OTSEGO	6075473456
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13203	ONONDAGA	3154485111
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13203	ONONDAGA	3154485111
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13203	ONONDAGA	3154485111
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11772	SUFFOLK	6316547100
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11772	SUFFOLK	6316547100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$25727.00 *	
	\$18816.00	13
	\$27908.00 *	
	\$15050.00	34
	\$17470.00 *	
	\$24954.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

MEDICAL CENTER		
330141	BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER	101 HOSPITAL ROAD
330152	LONG ISLAND COLLEGE HOSPITAL	339 HICKS STREET
330153	ELLIS HOSPITAL	1101 NOTT STREET
330153	ELLIS HOSPITAL	1101 NOTT STREET
330153	ELLIS HOSPITAL	1101 NOTT STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

PATCHOGUE NY

BROOKLYN NY

SCHENECTADY NY

SCHENECTADY NY

SCHENECTADY NY

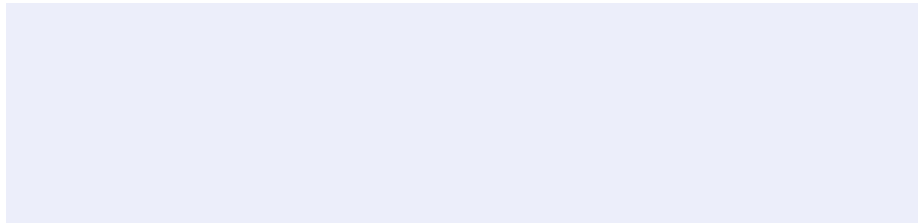
# knee

Based on Hospital Medicare Payment And Volume Measures

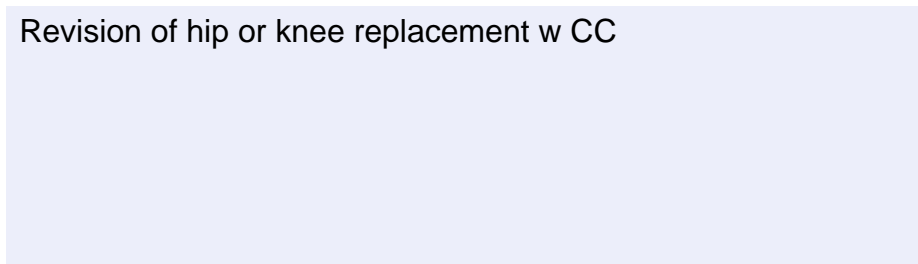
11772	SUFFOLK	6316547100
11201	KINGS	7187804651
12308	SCHENECTADY	5182434196
12308	SCHENECTADY	5182434196
12308	SCHENECTADY	5182434196

# knee

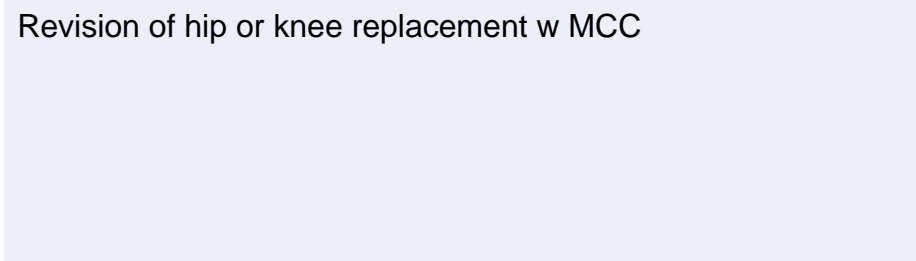
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

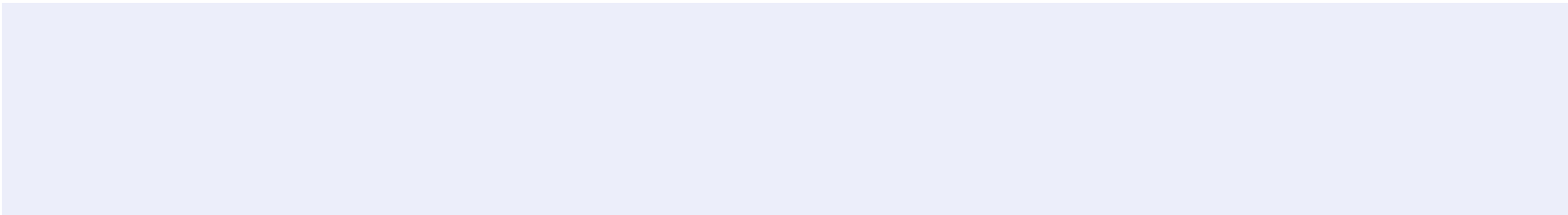


Revision of hip or knee replacement w/o CC/MCC

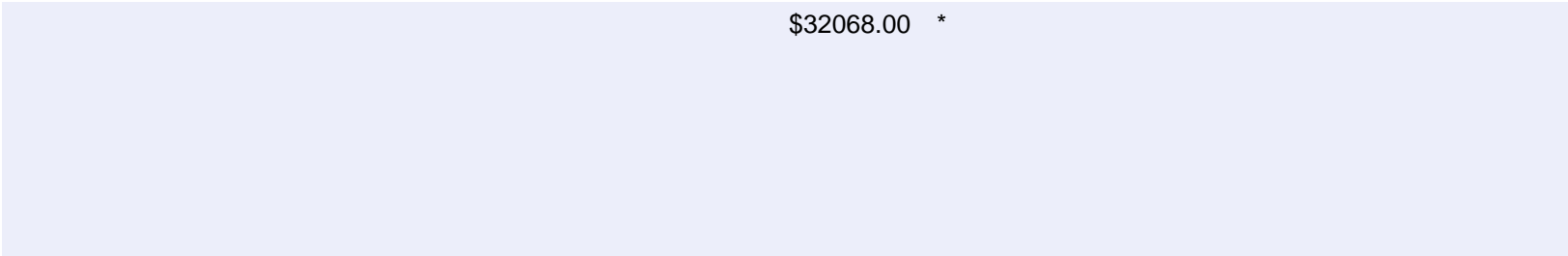


# knee

Based on Hospital Medicare Payment And Volume Measures



\$21841.00 \*



\$32068.00 \*

\$13977.00 13



\$827.00 \*

\$446.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330157	SAMARITAN MEDICAL CENTER	830 WASHINGTON STREET
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330157	SAMARITAN MEDICAL CENTER	830 WASHINGTON STREET
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330159	COMMUNITY-GENERAL HOSPITAL OF GREATER SYRACUSE	4900 BROAD ROAD
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330159	COMMUNITY-GENERAL HOSPITAL OF GREATER SYRACUSE	4900 BROAD ROAD
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330159	COMMUNITY-GENERAL HOSPITAL OF GREATER SYRACUSE	4900 BROAD ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WATERTOWN NY

WATERTOWN NY

SYRACUSE NY

SYRACUSE NY

SYRACUSE NY

# knee

Based on Hospital Medicare Payment And Volume Measures

13601	JEFFERSON	3157854121
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13601	JEFFERSON	3157854121
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13215	ONONDAGA	3154925011
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13215	ONONDAGA	3154925011
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13215	ONONDAGA	3154925011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14127.00 \*

\$12734.00 \*

\$13801.00

25

\$17254.00

27

\$25592.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330160	STATEN ISLAND UNIVERSITY HOSPITAL	475 SEAVIEW AVENUE
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330160	STATEN ISLAND UNIVERSITY HOSPITAL	475 SEAVIEW AVENUE
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330160	STATEN ISLAND UNIVERSITY HOSPITAL	475 SEAVIEW AVENUE
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330162	NORTHERN WESTCHESTER HOSPITAL	400 EAST MAIN STREET
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330162	NORTHERN WESTCHESTER HOSPITAL	400 EAST MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

STATEN ISLAND NY

STATEN ISLAND NY

STATEN ISLAND NY

MOUNT KISCO NY

MOUNT KISCO NY

# knee

Based on Hospital Medicare Payment And Volume Measures

10305	RICHMOND	7182269000
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10305	RICHMOND	7182269000
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10305	RICHMOND	7182269000
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10549	WESTCHESTER	9146661200
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10549	WESTCHESTER	9146661200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$41113.00 \*

\$3380.00 \*

\$22089.00 \*

\$16456.00 \*

\$17145.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

330164	HIGHLAND HOSPITAL	1000 SOUTH AVENUE
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330164	HIGHLAND HOSPITAL	1000 SOUTH AVENUE
--------	-------------------	-------------------

330164	HIGHLAND HOSPITAL	1000 SOUTH AVENUE
--------	-------------------	-------------------

330167	WINTHROP-UNIVERSITY HOSPITAL	259 FIRST STREET
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330167	WINTHROP-UNIVERSITY HOSPITAL	259 FIRST STREET
--------	------------------------------	------------------

330167	WINTHROP-UNIVERSITY HOSPITAL	259 FIRST STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER NY

ROCHESTER NY

ROCHESTER NY

MINEOLA NY

MINEOLA NY

MINEOLA NY



# knee

Based on Hospital Medicare Payment And Volume Measures

14620	MONROE	5854732200
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14620	MONROE	5854732200
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14620	MONROE	5854732200
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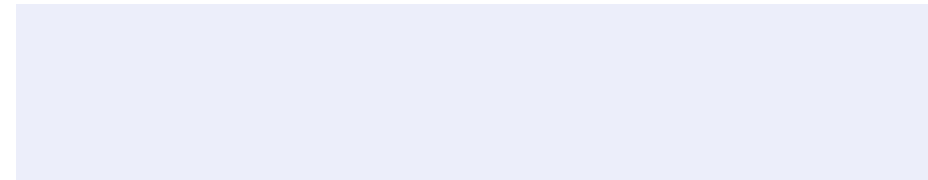
11501	NASSAU	5166630333
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11501	NASSAU	5166630333
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11501	NASSAU	5166630333
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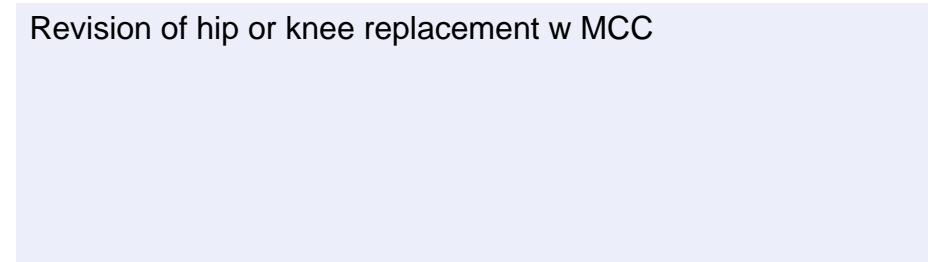
# knee

Based on Hospital Medicare Payment And Volume Measures



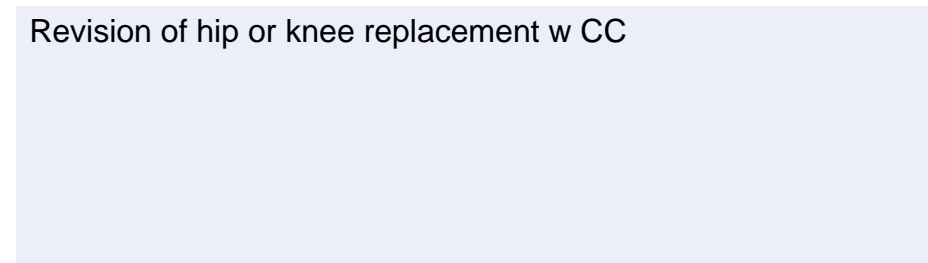
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



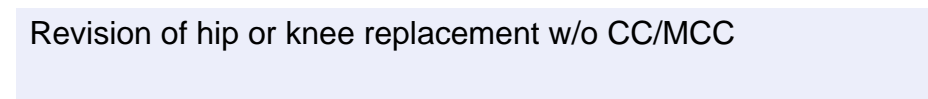
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$1414.00	21
	\$2623.00 *	
	\$1768.00	30
	\$24652.00 *	
	\$36506.00 *	
	\$19718.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

330169	BETH ISRAEL MEDICAL CENTER	FIRST AVENUE AT 16TH STREET
330169	BETH ISRAEL MEDICAL CENTER	FIRST AVENUE AT 16TH STREET
330169	BETH ISRAEL MEDICAL CENTER	FIRST AVENUE AT 16TH STREET
330180	SAMARITAN HOSPITAL	2215 BURDETT AVENUE
330180	SAMARITAN HOSPITAL	2215 BURDETT AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW YORK NY

NEW YORK NY

NEW YORK NY

TROY NY

TROY NY

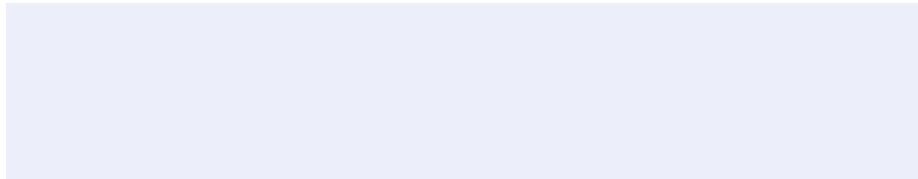
# knee

Based on Hospital Medicare Payment And Volume Measures

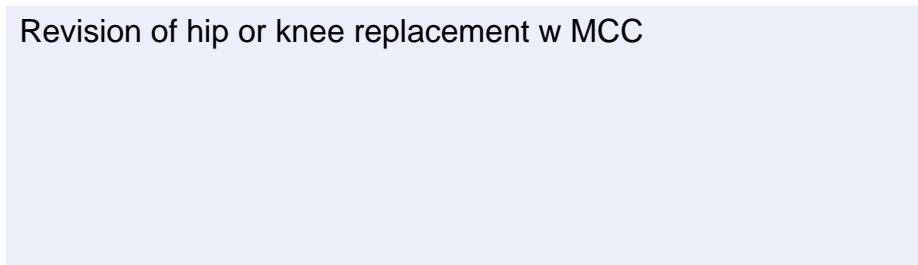
10003	NEW YORK	2124202000
10003	NEW YORK	2124202000
10003	NEW YORK	2124202000
12180	RENSSELAER	5182713225
12180	RENSSELAER	5182713225

# knee

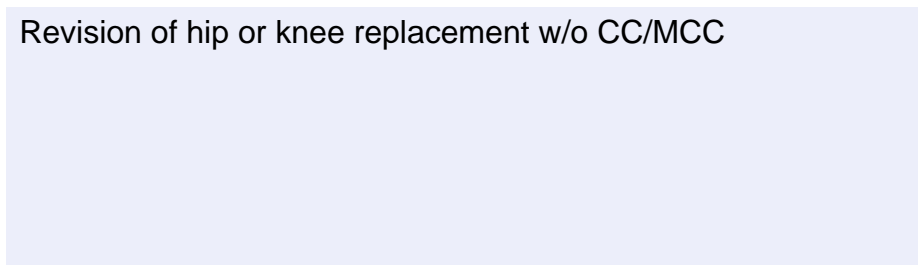
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

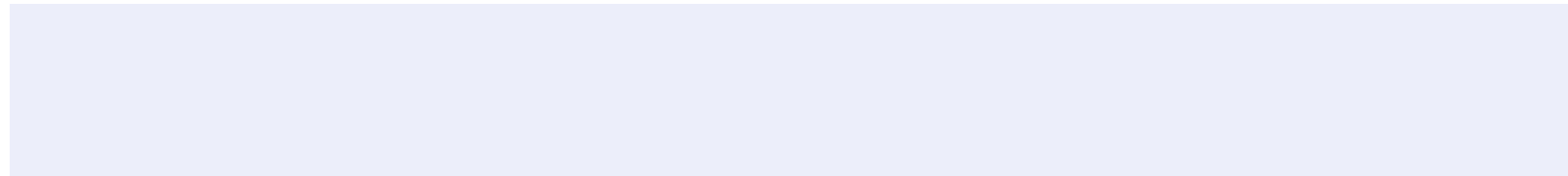


Revision of hip or knee replacement w CC



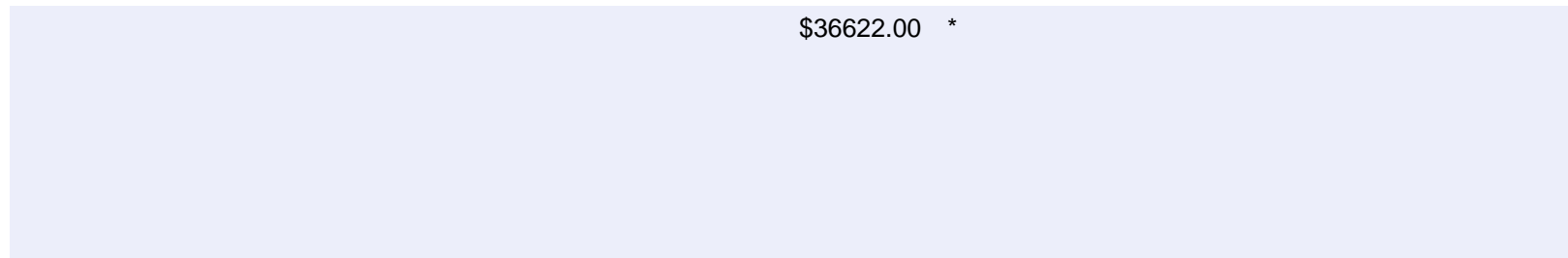
# knee

Based on Hospital Medicare Payment And Volume Measures



\$25372.00

15



\$36622.00 \*

15



\$13359.00 \*

\$16701.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

330180	SAMARITAN HOSPITAL	2215 BURDETT AVENUE
330181	GLEN COVE HOSPITAL	101 ST ANDREWS LANE
330181	GLEN COVE HOSPITAL	101 ST ANDREWS LANE
330181	GLEN COVE HOSPITAL	101 ST ANDREWS LANE
330184	SOUND SHORE MEDICAL CENTER OF WESTSCHESTER	16 GUION PLACE
330184	SOUND SHORE MEDICAL CENTER	16 GUION PLACE

# knee

Based on Hospital Medicare Payment And Volume Measures

TROY NY

GLEN COVE NY

GLEN COVE NY

GLEN COVE NY

NEW ROCHELLE NY

NEW ROCHELLE NY

# knee

Based on Hospital Medicare Payment And Volume Measures

12180	RENSSELAER	5182713225
11542	NASSAU	5166747300
11542	NASSAU	5166747300
11542	NASSAU	5166747300
10802	WESTCHESTER	9146325000
10802	WESTCHESTER	9146325000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24772.00 \*

\$1345.00 \*

\$21315.00 \*

\$17049.00

16

\$26712.00 \*

\$22049.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## OF WESTSCHESTER

330185	JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	75 NORTH COUNTRY ROAD
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330185	JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	75 NORTH COUNTRY ROAD
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330188	MOUNT ST MARY'S HOSPITAL AND HEALTH CENTER	5300 MILITARY ROAD
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330188	MOUNT ST MARY'S HOSPITAL AND HEALTH CENTER	5300 MILITARY ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

	PORT JEFFERSON	NY
	PORT JEFFERSON	NY
	LEWISTON	NY
	LEWISTON	NY

# knee

Based on Hospital Medicare Payment And Volume Measures

11777

SUFFOLK

6314731320

11777

SUFFOLK

6314731320

14092

NIAGARA

7162974800

14092

NIAGARA

7162974800

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16158.00 \*

\$18517.00 \*

\$18237.00 \*

\$14639.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330191	GLENS FALLS HOSPITAL	100 PARK STREET
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330191	GLENS FALLS HOSPITAL	100 PARK STREET
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330194	MAIMONIDES MEDICAL CENTER	4802 TENTH AVENUE
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330194	MAIMONIDES MEDICAL CENTER	4802 TENTH AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

GLENS FALLS NY

GLENS FALLS NY

BROOKLYN NY

BROOKLYN NY



# knee

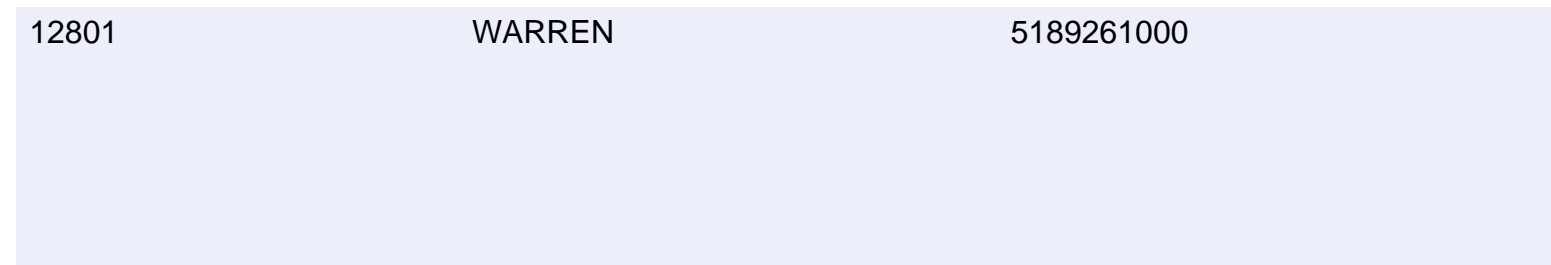
Based on Hospital Medicare Payment And Volume Measures



12801

WARREN

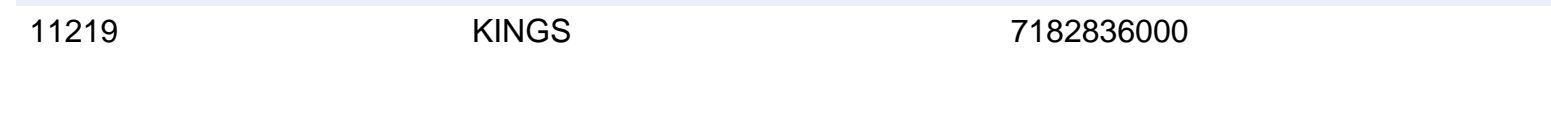
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12801

WARREN

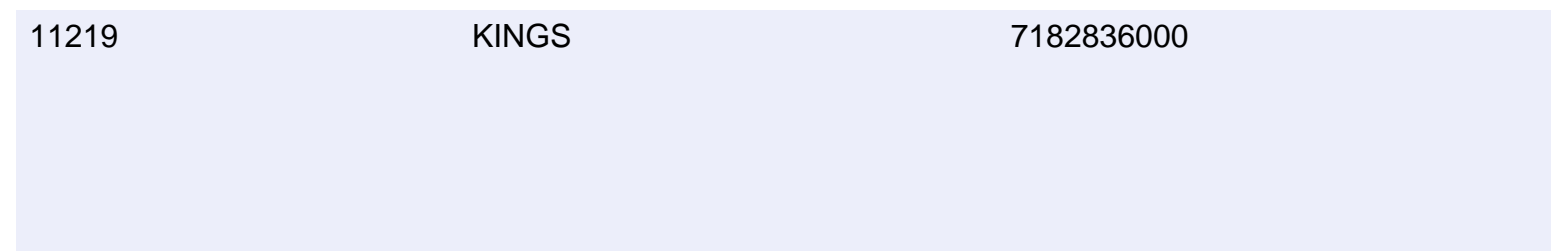
5189261000



11219

KINGS

7182836000



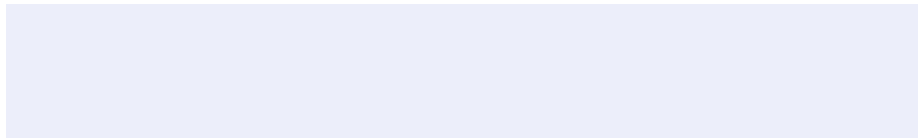
11219

KINGS

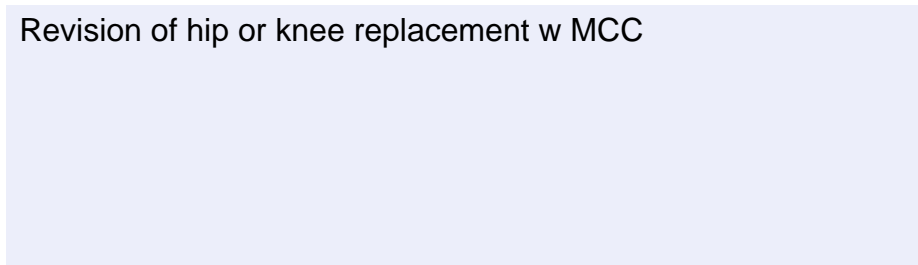
7182836000

# knee

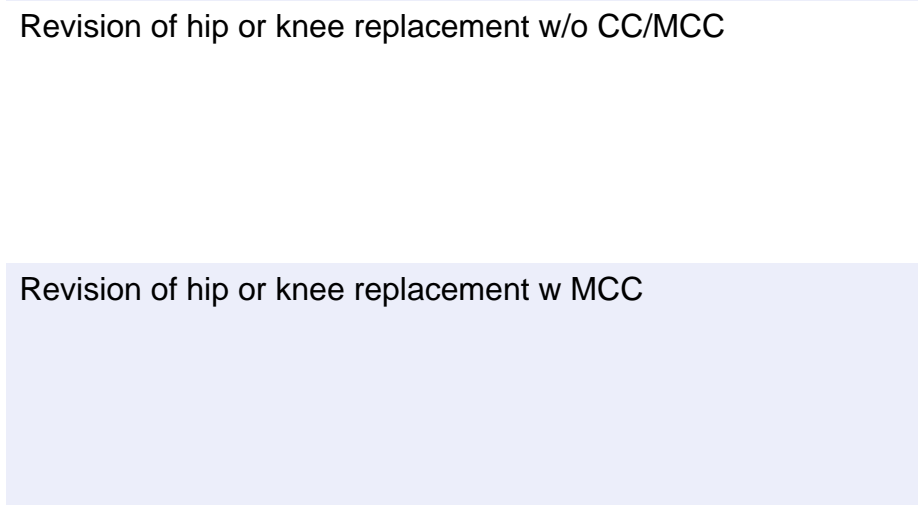
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16359.00 \*

\$22035.00 \*

\$27247.00 \*

\$50174.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330194	MAIMONIDES MEDICAL CENTER	4802 TENTH AVENUE
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330195	LONG ISLAND JEWISH MEDICAL CENTER	270 - 05 76TH AVENUE
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330195	LONG ISLAND JEWISH MEDICAL CENTER	270 - 05 76TH AVENUE
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330195	LONG ISLAND JEWISH MEDICAL CENTER	270 - 05 76TH AVENUE
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330197	CANTON-POTSDAM HOSPITAL	50 LEROY STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

BROOKLYN NY

NEW HYDE PARK NY

NEW HYDE PARK NY

NEW HYDE PARK NY

POTSDAM NY

# knee

Based on Hospital Medicare Payment And Volume Measures

11219	KINGS	7182836000
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11040	NASSAU	7184707000
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11040	NASSAU	7184707000
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11040	NASSAU	7184707000
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13676	SAINT LAWRENCE	3152653300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$34767.00 \*

\$31205.00

27

\$28278.00 \*

\$25216.00 \*

\$28452.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

330197	CANTON-POTSDAM HOSPITAL	50 LEROY STREET
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330197	CANTON-POTSDAM HOSPITAL	50 LEROY STREET
--------	-------------------------	-----------------

330198	SOUTH NASSAU COMMUNITIES HOSPITAL	ONE HEALTHY WAY
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330198	SOUTH NASSAU COMMUNITIES HOSPITAL	ONE HEALTHY WAY
--------	--------------------------------------	-----------------

330198	SOUTH NASSAU COMMUNITIES HOSPITAL	ONE HEALTHY WAY
--------	--------------------------------------	-----------------

330199	METROPOLITAN HOSPITAL CENTER	1901 FIRST AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

POTSDAM

NY

POTSDAM

NY

OCEANSIDE

NY

OCEANSIDE

NY

OCEANSIDE

NY

NEW YORK

NY

# knee

Based on Hospital Medicare Payment And Volume Measures

13676	SAINT LAWRENCE	3152653300
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13676	SAINT LAWRENCE	3152653300
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11572	NASSAU	5166323000
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11572	NASSAU	5166323000
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11572	NASSAU	5166323000
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10029	NEW YORK	2124237554
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17748.00 \*

\$15318.00 \*

\$16926.00

15

\$17635.00

11

\$31388.00 \*

\$7809.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330199	METROPOLITAN HOSPITAL CENTER	1901 FIRST AVENUE
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330199	METROPOLITAN HOSPITAL CENTER	1901 FIRST AVENUE
--------	------------------------------	-------------------

330201	KINGSBROOK JEWISH MEDICAL CENTER	585 SCHENECTADY AVENUE
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330201	KINGSBROOK JEWISH MEDICAL CENTER	585 SCHENECTADY AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEW YORK NY

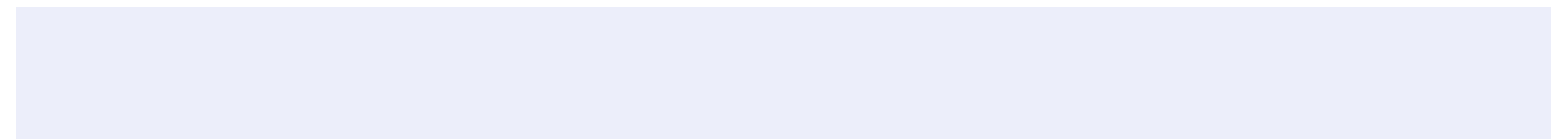
NEW YORK NY

BROOKLYN NY

BROOKLYN NY

# knee

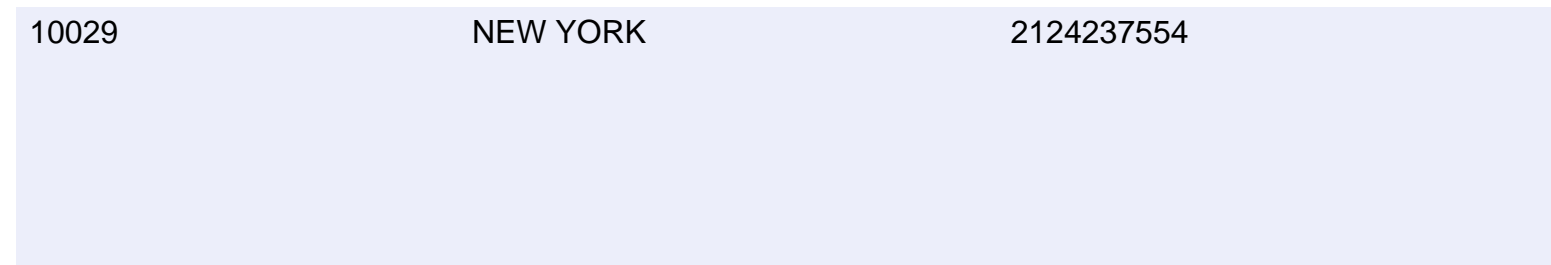
Based on Hospital Medicare Payment And Volume Measures



10029

NEW YORK

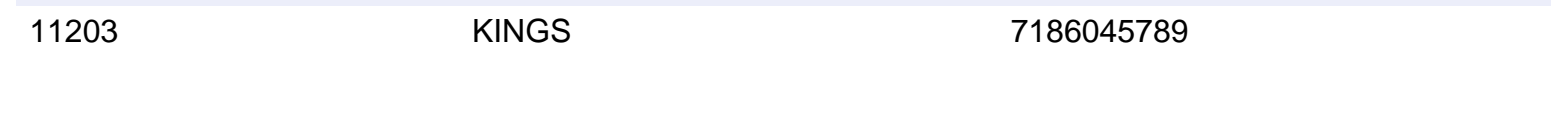
2124237554



10029

NEW YORK

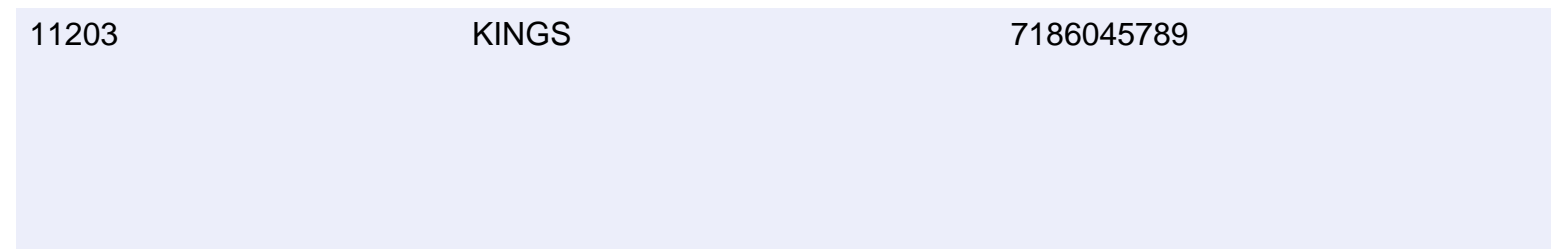
2124237554



11203

KINGS

7186045789



11203

KINGS

7186045789

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$6493.00 \*

\$5194.00 \*

\$22600.00 \*

\$29356.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330203	CROUSE HOSPITAL	736 IRVING AVENUE
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330203	CROUSE HOSPITAL	736 IRVING AVENUE
--------	-----------------	-------------------

330203	CROUSE HOSPITAL	736 IRVING AVENUE
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330204	BELLEVUE HOSPITAL CENTER	FIRST AVENUE AT 27TH STREET
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330205	ST ANTHONY COMMUNITY HOSPITAL	15 - 19 MAPLE AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

	SYRACUSE	NY
	SYRACUSE	NY
	SYRACUSE	NY
	NEW YORK	NY
	WARWICK	NY



# knee

Based on Hospital Medicare Payment And Volume Measures

13210	ONONDAGA	3154707449
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13210	ONONDAGA	3154707449
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13210	ONONDAGA	3154707449
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10016	NEW YORK	2125614132
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10990	ORANGE	8459862276
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$16450.00 \*



\$17432.00

19

\$30702.00 \*



\$5346.00 \*

\$16239.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330208	ST JOHN'S RIVERSIDE HOSPITAL	976 NORTH BROADWAY
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330208	ST JOHN'S RIVERSIDE HOSPITAL	976 NORTH BROADWAY
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330213	LEWIS COUNTY GENERAL HOSPITAL	7785 NORTH STATE STREET
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330214	NYU HOSPITALS CENTER	550 FIRST AVENUE
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330214	NYU HOSPITALS CENTER	550 FIRST AVENUE
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330214	NYU HOSPITALS CENTER	550 FIRST AVENUE
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330215	ROME MEMORIAL HOSPITAL, INC	1500 NORTH JAMES STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

YONKERS	NY
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YONKERS	NY
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LOWVILLE	NY
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NEW YORK	NY
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NEW YORK	NY
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NEW YORK	NY
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ROME	NY
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# knee

Based on Hospital Medicare Payment And Volume Measures

10701	WESTCHESTER	9149644444
10701	WESTCHESTER	9149644444
13367	LEWIS	3153765200
10016	NEW YORK	2122637300
10016	NEW YORK	2122637300
10016	NEW YORK	2122637300
13440	ONEIDA	3153387000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$39767.00 \*

\$26735.00 \*

\$18330.00 \*

\$21166.00 51

\$26462.00 55

\$39581.00 17

\$16747.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330219	ERIE COUNTY MEDICAL CENTER	462 GRIDER STREET
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330219	ERIE COUNTY MEDICAL CENTER	462 GRIDER STREET
--------	----------------------------	-------------------

330219	ERIE COUNTY MEDICAL CENTER	462 GRIDER STREET
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330222	SARATOGA HOSPITAL	211 CHURCH STREET
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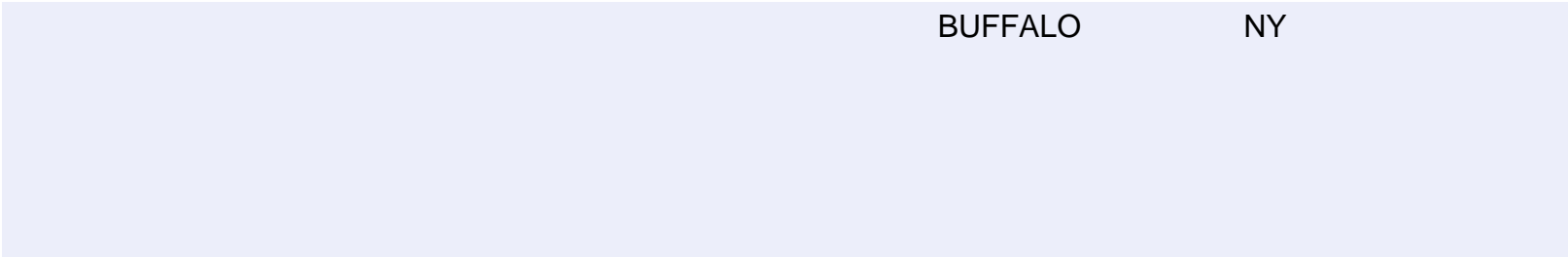
330222	SARATOGA HOSPITAL	211 CHURCH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures



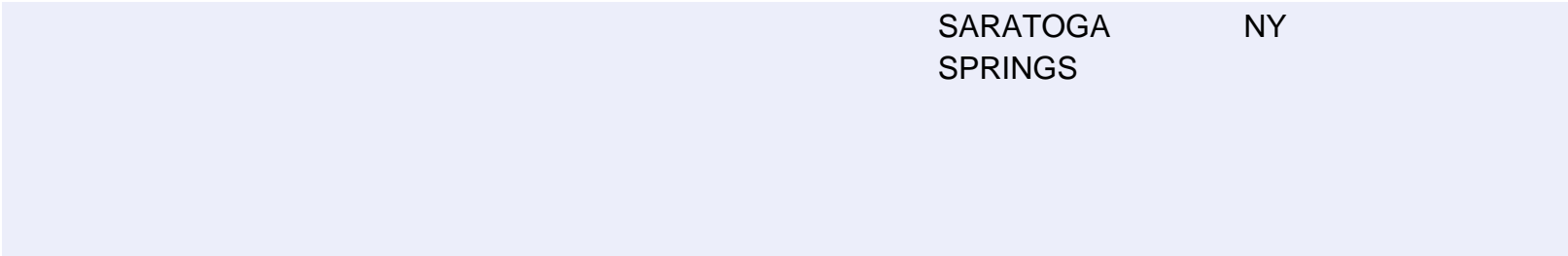
BUFFALO NY



BUFFALO NY



BUFFALO NY



SARATOGA SPRINGS NY



SARATOGA NY

# knee

Based on Hospital Medicare Payment And Volume Measures

14215	ERIE	7168983936
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14215	ERIE	7168983936
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14215	ERIE	7168983936
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12866	SARATOGA	5185873222
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12866	SARATOGA	5185873222
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24314.00 \*

\$4875.00 \*

\$11066.00 \*

\$24035.00 \*

\$16220.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

330222	SARATOGA HOSPITAL	211 CHURCH STREET
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330223	MASSENA MEMORIAL HOSPITAL	1 HOSPITAL DRIVE
--------	---------------------------	------------------

330224	BENEDICTINE HOSPITAL	105 MARY'S AVENUE
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330224	BENEDICTINE HOSPITAL	105 MARY'S AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SPRINGS

SARATOGA  
SPRINGS

NY

MASSENA

NY

KINGSTON

NY

KINGSTON

NY

# knee

Based on Hospital Medicare Payment And Volume Measures

12866

SARATOGA

5185873222

13662

SAINT LAWRENCE

3157641711

12401

ULSTER

8453382500

12401

ULSTER

8453382500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12974.00 \*

\$19001.00 \*

\$18258.00 \*

\$301.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

330226	UNITY HOSPITAL OF ROCHESTER	1555 LONG POND ROAD
330226	UNITY HOSPITAL OF ROCHESTER	1555 LONG POND ROAD
330229	BROOKS MEMORIAL HOSPITAL	529 CENTRAL AVENUE

330229	BROOKS MEMORIAL HOSPITAL	529 CENTRAL AVENUE
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330229	BROOKS MEMORIAL HOSPITAL	529 CENTRAL AVENUE
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330232	SETON HEALTH SYSTEM-ST MARY'S CAMPUS	1300 MASSACHUSETTS AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

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ROCHESTER	NY
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ROCHESTER	NY
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DUNKIRK	NY
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DUNKIRK	NY
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DUNKIRK	NY
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TROY	NY
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# knee

Based on Hospital Medicare Payment And Volume Measures

14626	MONROE	5857237000
14626	MONROE	5857237000
14048	CHAUTAUQUA	7163661111
14048	CHAUTAUQUA	7163661111
14048	CHAUTAUQUA	7163661111
12180	RENSSELAER	5182725000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$1000.00	18
	\$1250.00	42
	\$16760.00	*

	\$27743.00	*
	\$13406.00	*

	\$13826.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

330232	SETON HEALTH SYSTEM-ST MARY'S CAMPUS	1300 MASSACHUSETTS AVENUE
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330233	BROOKDALE HOSPITAL MEDICAL CENTER	LINDEN BOULEVARD AT BROOKDALE PLAZA
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330234	WESTCHESTER MEDICAL CENTER	100 WOODS RD
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330234	WESTCHESTER MEDICAL CENTER	100 WOODS RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

TROY

NY

BROOKLYN

NY

VALHALLA

NY

VALHALLA

NY

# knee

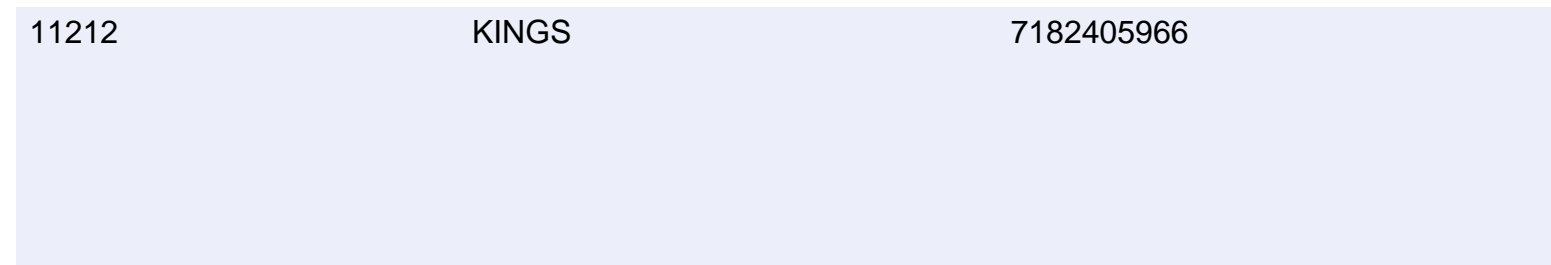
Based on Hospital Medicare Payment And Volume Measures



12180

RENSSELAER

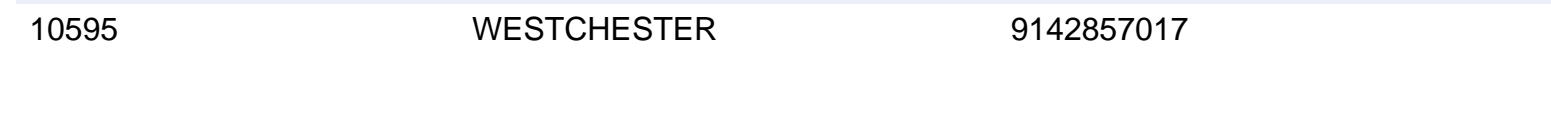
5182725000



11212

KINGS

7182405966



10595

WESTCHESTER

9142857017



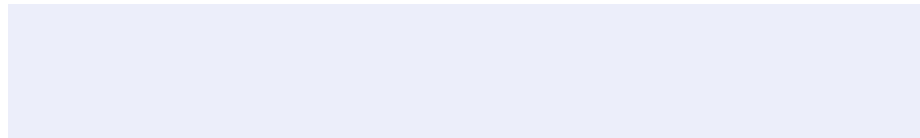
10595

WESTCHESTER

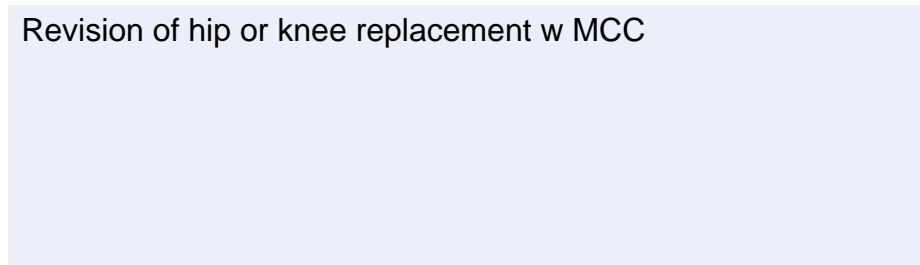
9142857017

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17285.00 \*

\$52416.00 \*

\$11493.00 \*

\$43138.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330234	WESTCHESTER MEDICAL CENTER	100 WOODS RD
330235	AUBURN MEMORIAL HOSPITAL	17 LANSING STREET
330236	NEW YORK METHODIST HOSPITAL	506 SIXTH STREET
330236	NEW YORK METHODIST HOSPITAL	506 SIXTH STREET
330236	NEW YORK METHODIST HOSPITAL	506 SIXTH STREET
330238	NICHOLAS H NOYES MEMORIAL HOSPITAL	111 CLARA BARTON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

VALHALLA	NY
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AUBURN	NY
--------	----

BROOKLYN	NY
----------	----

BROOKLYN	NY
----------	----

BROOKLYN	NY
----------	----

DANSVILLE	NY
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

10595	WESTCHESTER	9142857017
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13021	CAYUGA	3152557011
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11215	KINGS	7187803000
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11215	KINGS	7187803000
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11215	KINGS	7187803000
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14437	LIVINGSTON	5853356001
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$29084.00	*
	\$14805.00	*
	\$24164.00	25
	\$3972.00	15
	\$45106.00	*
	\$17051.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330239	WOMAN'S CHRISTIAN ASSOCIATION	207 FOOTE AVENUE
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330239	WOMAN'S CHRISTIAN ASSOCIATION	207 FOOTE AVENUE
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330241	UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	750 EAST ADAMS STREET
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330241	UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	750 EAST ADAMS STREET
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330241	UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	750 EAST ADAMS STREET
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knee

Based on Hospital Medicare Payment And Volume Measures

## JAMESTOWN

NY

## JAMESTOWN

NY

SYRACUSE

NY

SYRACUSE

NY

SYRACUSE

NY

# knee

Based on Hospital Medicare Payment And Volume Measures

14701	CHAUTAUQUA	7164870141
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14701	CHAUTAUQUA	7164870141
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13210	ONONDAGA	3154734240
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13210	ONONDAGA	3154734240
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13210	ONONDAGA	3154734240
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13905.00 *	
	\$12574.00 *	
	\$20181.00	16
	\$36411.00 *	
	\$25230.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330245	ST ELIZABETH MEDICAL CENTER	2209 GENESEE STREET
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330245	ST ELIZABETH MEDICAL CENTER	2209 GENESEE STREET
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330245	ST ELIZABETH MEDICAL CENTER	2209 GENESEE STREET
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330246	ST CHARLES HOSPITAL	200 BELLE TERRE ROAD
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330246	ST CHARLES HOSPITAL	200 BELLE TERRE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

	UTICA	NY
	UTICA	NY
	UTICA	NY
	PORT JEFFERSON	NY
	PORT JEFFERSON	NY



# knee

Based on Hospital Medicare Payment And Volume Measures

13501	ONEIDA	3157988100
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13501	ONEIDA	3157988100
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13501	ONEIDA	3157988100
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11777	SUFFOLK	6314746000
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11777	SUFFOLK	6314746000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7563.00 \*

\$17078.00 \*

\$13631.00

18

\$17871.00 \*

\$30004.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330246	ST CHARLES HOSPITAL	200 BELLE TERRE ROAD
330249	COMMUNITY MEMORIAL HOSPITAL, INC	150 BROAD STREET
330249	COMMUNITY MEMORIAL HOSPITAL, INC	150 BROAD STREET
330250	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	75 BEEKMAN STREET
330250	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	75 BEEKMAN STREET
330250	CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	75 BEEKMAN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

PORT JEFFERSON	NY
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HAMILTON	NY
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HAMILTON	NY
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PLATTSBURGH	NY
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PLATTSBURGH	NY
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PLATTSBURGH	NY
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# knee

Based on Hospital Medicare Payment And Volume Measures

11777	SUFFOLK	6314746000
13346	MADISON	3158241100
13346	MADISON	3158241100
12901	CLINTON	5185612000
12901	CLINTON	5185612000
12901	CLINTON	5185612000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$22343.00 *	
	\$17255.00	11
	\$13802.00	16
	\$16536.00 *	
	\$1024.00 *	
	\$17168.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

330259

MERCY MEDICAL CENTER

1000 NORTH VILLAGE  
AVENUE

330261

PHELPS MEMORIAL HOSPITAL ASSN 701 NORTH BROADWAY

330261

PHELPS MEMORIAL HOSPITAL ASSN 701 NORTH BROADWAY

330261

PHELPS MEMORIAL HOSPITAL ASSN 701 NORTH BROADWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

ROCKVILLE  
CENTRE

NY

SLEEPY HOLLOW

NY

SLEEPY HOLLOW

NY

SLEEPY HOLLOW

NY

# knee

Based on Hospital Medicare Payment And Volume Measures

11570

NASSAU

5167052525

10591

WESTCHESTER

9143663000

10591

WESTCHESTER

9143663000

10591

WESTCHESTER

9143663000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17212.00 \*

\$19995.00 \*

\$34674.00 \*

\$24713.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330264	ST LUKE'S CORNWALL HOSPITAL	70 DUBOIS STREET
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330264	ST LUKE'S CORNWALL HOSPITAL	70 DUBOIS STREET
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330264	ST LUKE'S CORNWALL HOSPITAL	70 DUBOIS STREET
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330265	CLIFTON SPRINGS HOSPITAL AND CLINIC	2 COULTER ROAD
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330265	CLIFTON SPRINGS HOSPITAL AND CLINIC	2 COULTER ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEWBURGH NY

NEWBURGH NY

NEWBURGH NY

CLIFTON  
SPRINGS NY

CLIFTON  
SPRINGS NY

# knee

Based on Hospital Medicare Payment And Volume Measures

12550	ORANGE	8455614400
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12550	ORANGE	8455614400
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12550	ORANGE	8455614400
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14432	ONTARIO	3154629561
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14432	ONTARIO	3154629561
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17485.00 \*

\$21860.00 \*

\$32424.00 \*

\$17562.00 \*

\$14048.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

330267	HUDSON VALLEY HOSPITAL CENTER	1980 CROMPOND ROAD
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330267	HUDSON VALLEY HOSPITAL CENTER	1980 CROMPOND ROAD
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330267	HUDSON VALLEY HOSPITAL CENTER	1980 CROMPOND ROAD
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330270	HOSPITAL FOR SPECIAL SURGERY	535 EAST 70TH STREET
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330270	HOSPITAL FOR SPECIAL SURGERY	535 EAST 70TH STREET
--------	------------------------------	----------------------

330270	HOSPITAL FOR SPECIAL SURGERY	535 EAST 70TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

CORTLANDT MANOR	NY
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CORTLANDT MANOR	NY
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CORTLANDT MANOR	NY
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NEW YORK	NY
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NEW YORK	NY
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NEW YORK	NY
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# knee

Based on Hospital Medicare Payment And Volume Measures

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10567	WESTCHESTER	9147343611
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10567	WESTCHESTER	9147343611
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10567	WESTCHESTER	9147343611
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10021	NEW YORK	2126061000
10021	NEW YORK	2126061000
10021	NEW YORK	2126061000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

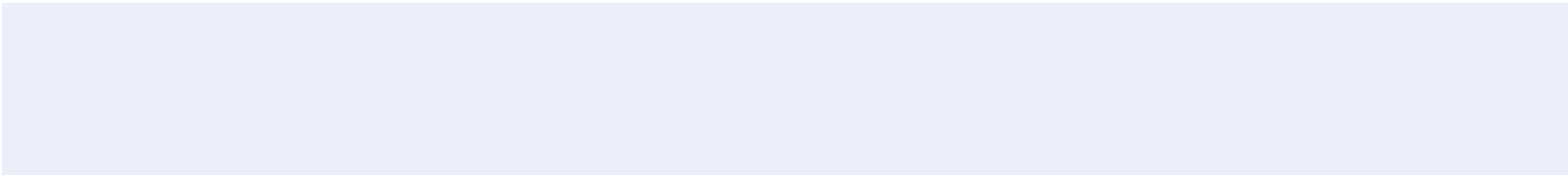
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

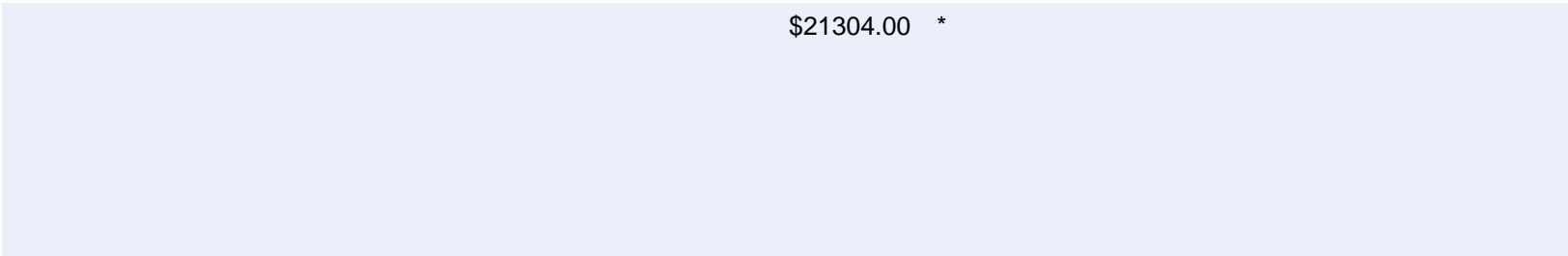
Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$17040.00 \*



\$21304.00 \*

\$1068.00 \*

	\$36345.00	24
	\$24574.00	121
	\$19656.00	258

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330273	PUTNAM HOSPITAL CENTER	670 STONELEIGH AVENUE
--------	------------------------	-----------------------

330273	PUTNAM HOSPITAL CENTER	670 STONELEIGH AVENUE
--------	------------------------	-----------------------

330273	PUTNAM HOSPITAL CENTER	670 STONELEIGH AVENUE
--------	------------------------	-----------------------

330277	CORNING HOSPITAL	176 DENISON PARKWAY EAST
--------	------------------	-----------------------------

330279	MERCY HOSPITAL	565 ABBOTT ROAD
--------	----------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

CARMEL NY

CARMEL NY

CARMEL NY

CORNING NY

BUFFALO NY

# knee

Based on Hospital Medicare Payment And Volume Measures

10512	PUTNAM	9142795711
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10512	PUTNAM	9142795711
-------	--------	------------

10512	PUTNAM	9142795711
-------	--------	------------

14830	STEUBEN	6079377200
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14220	ERIE	7168267000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16448.00 \*

\$20563.00 \*

\$30501.00 \*

\$17252.00 \*

\$540.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

330279

MERCY HOSPITAL

565 ABBOTT ROAD

330285

STRONG MEMORIAL HOSPITAL

601 ELMWOOD AVE

330285

STRONG MEMORIAL HOSPITAL

601 ELMWOOD AVE

330286

GOOD SAMARITAN HOSPITAL  
MEDICAL CENTER

1000 MONTAUK HIGHWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

BUFFALO NY

ROCHESTER NY

ROCHESTER NY

WEST ISLIP NY

# knee

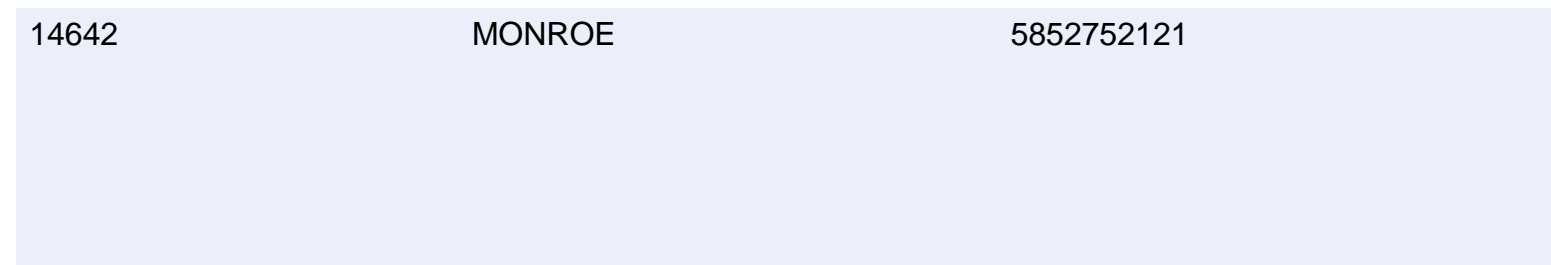
Based on Hospital Medicare Payment And Volume Measures



14220

ERIE

7168267000



14642

MONROE

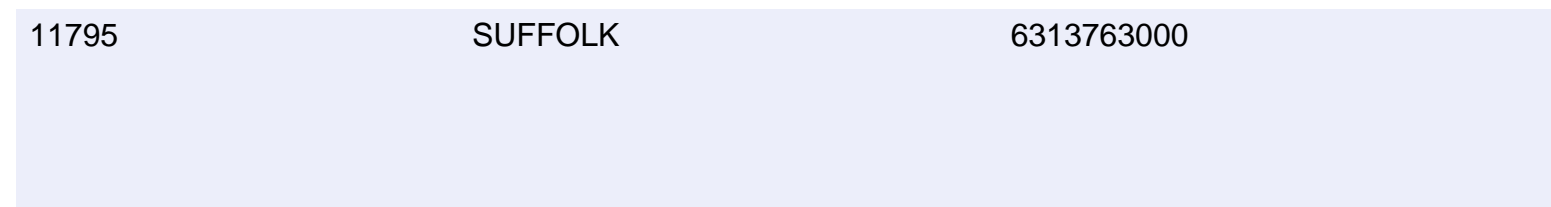
5852752121



14642

MONROE

5852752121



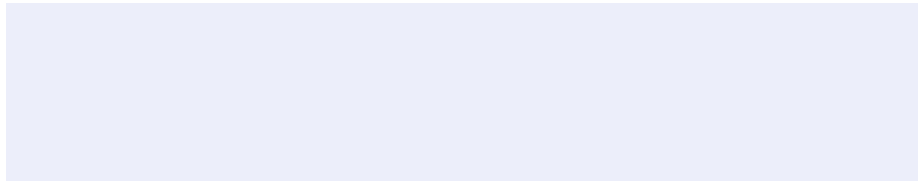
11795

SUFFOLK

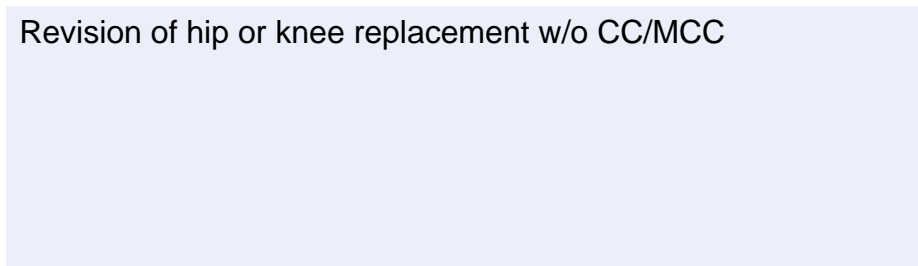
6313763000

# knee

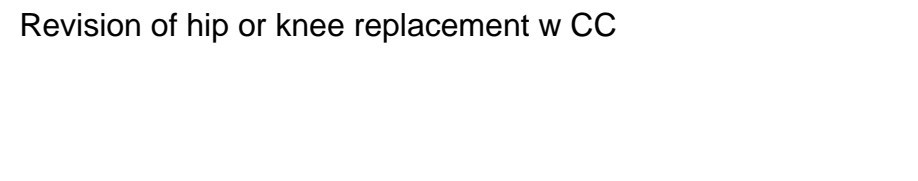
Based on Hospital Medicare Payment And Volume Measures



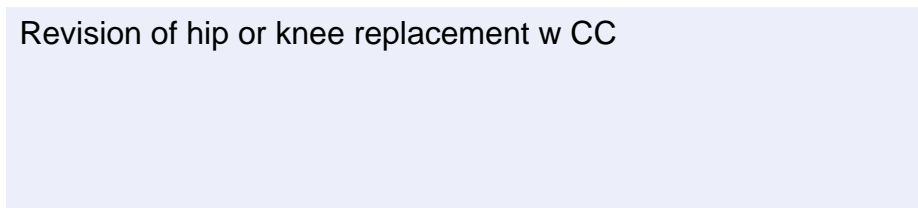
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$432.00 \*

\$19473.00 \*

\$14778.00 \*

\$21954.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

330286	GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HIGHWAY
330286	GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HIGHWAY
330304	WHITE PLAINS HOSPITAL CENTER	41 EAST POST ROAD
330304	WHITE PLAINS HOSPITAL CENTER	41 EAST POST ROAD
330304	WHITE PLAINS HOSPITAL CENTER	41 EAST POST ROAD
330306	LUTHERAN MEDICAL CENTER	150 55TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

WEST ISLIP	NY
------------	----

WEST ISLIP	NY
------------	----

WHITE PLAINS	NY
--------------	----

WHITE PLAINS	NY
--------------	----

WHITE PLAINS	NY
--------------	----

BROOKLYN	NY
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

11795	SUFFOLK	6313763000
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11795	SUFFOLK	6313763000
-------	---------	------------

10601	WESTCHESTER	9146810600
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10601	WESTCHESTER	9146810600
-------	-------------	------------

10601	WESTCHESTER	9146810600
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11220	KINGS	7186308000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$30803.00	*	
			\$16016.00	*	
			\$16467.00		11
			\$30536.00	*	
			\$20588.00		13
			\$33177.00	*	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330306

LUTHERAN MEDICAL CENTER

150 55TH STREET

330307

CAYUGA MEDICAL CENTER AT  
ITHACA

101 DATES DRIVE

330316

NEW YORK WESTCHESTER SQUARE MEDICAL CENTER 2475 ST RAYMOND AVENUE

330331

PLAINVIEW HOSPITAL

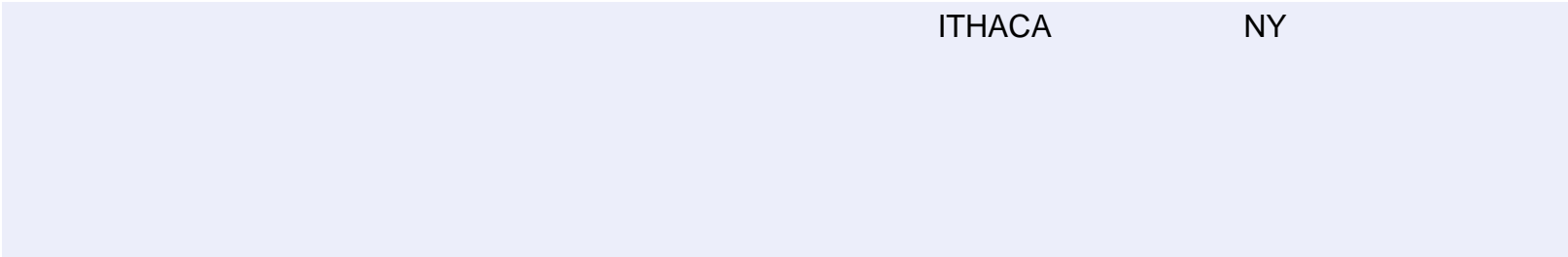
888 OLD COUNTRY ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures



BROOKLYN NY



ITHACA NY



BRONX NY



PLAINVIEW NY



# knee

Based on Hospital Medicare Payment And Volume Measures

11220

KINGS

7186308000

14850

TOMPKINS

6072744401

10461

BRONX

7184307300

11803

NASSAU

5167193000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$49195.00 \*

\$17392.00 \*

\$18396.00 \*

\$999.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

330331

PLAINVIEW HOSPITAL

888 OLD COUNTRY ROAD

330331

PLAINVIEW HOSPITAL

888 OLD COUNTRY ROAD

330332

ST JOSEPH HOSPITAL

4295 HEMPSTEAD  
TURNPIKE

330332

ST JOSEPH HOSPITAL

4295 HEMPSTEAD  
TURNPIKE

330350

UNIVERSITY HOSPITAL OF  
BROOKLYN ( DOWNSTATE )

445 LENOX ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

PLAINVIEW NY

PLAINVIEW NY

BETHPAGE NY

BETHPAGE NY

BROOKLYN NY

# knee

Based on Hospital Medicare Payment And Volume Measures

11803	NASSAU	5167193000
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11803	NASSAU	5167193000
-------	--------	------------

11714	NASSAU	5165796000
-------	--------	------------

11714	NASSAU	5165796000
-------	--------	------------

11203	KINGS	7182701000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21652.00 \*

\$26039.00 \*

\$20407.00 \*

\$16323.00 \*

\$5236.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

330350

UNIVERSITY HOSPITAL OF  
BROOKLYN ( DOWNSTATE )

445 LENOX ROAD

330353

FOREST HILLS HOSPITAL

102 - 01 66TH ROAD

330353

FOREST HILLS HOSPITAL

102 - 01 66TH ROAD

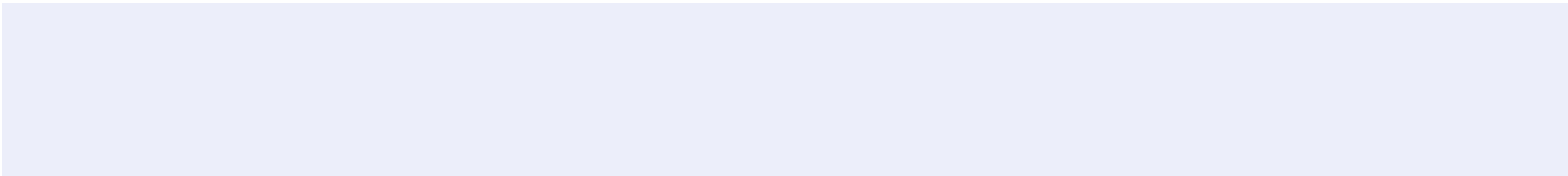
330353

FOREST HILLS HOSPITAL

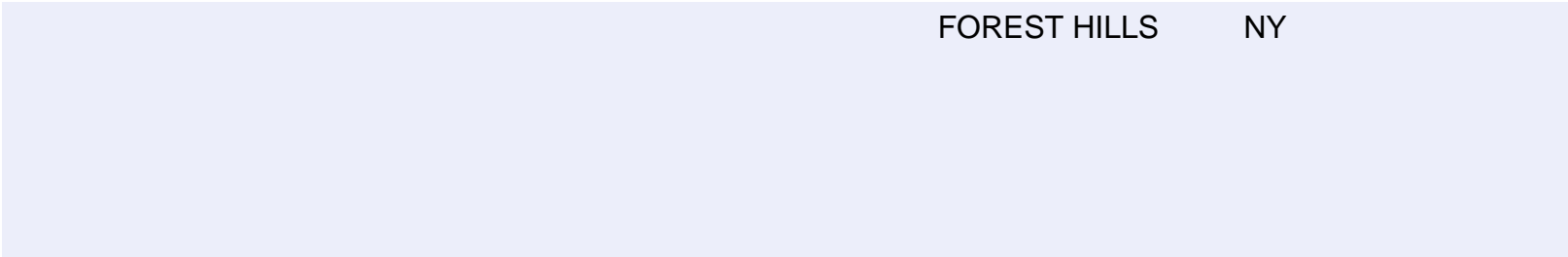
102 - 01 66TH ROAD

# knee

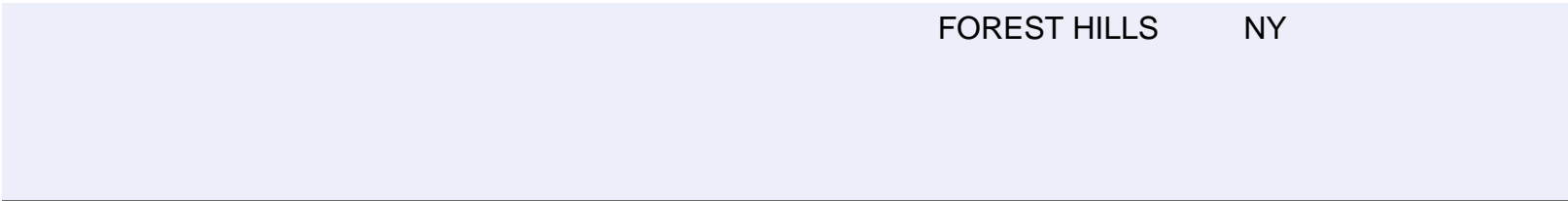
Based on Hospital Medicare Payment And Volume Measures



BROOKLYN NY



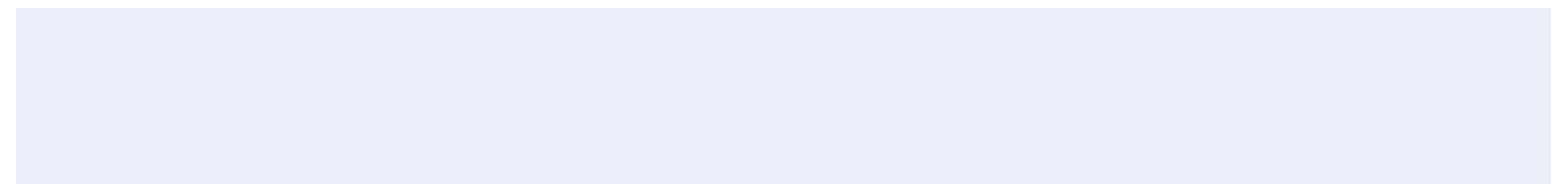
FOREST HILLS NY



FOREST HILLS NY

# knee

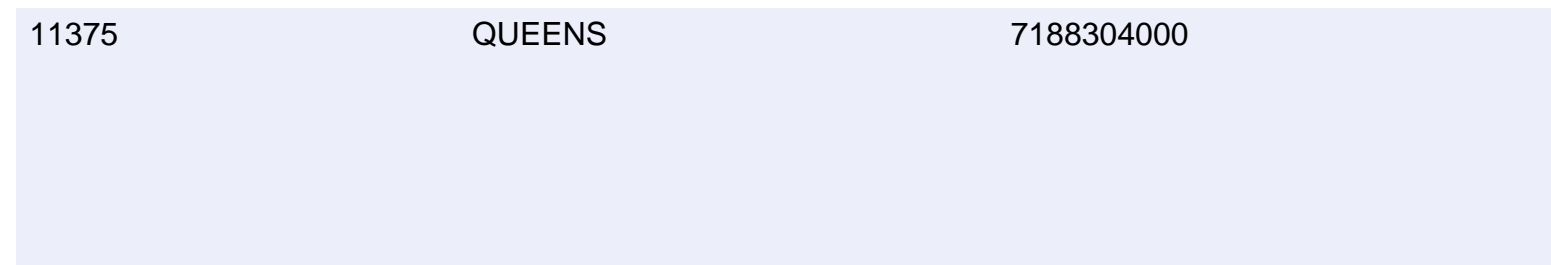
Based on Hospital Medicare Payment And Volume Measures



11203

KINGS

7182701000



11375

QUEENS

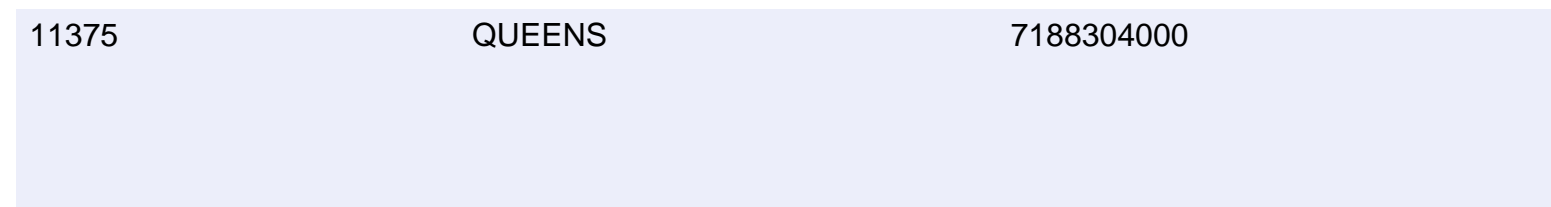
7188304000



11375

QUEENS

7188304000



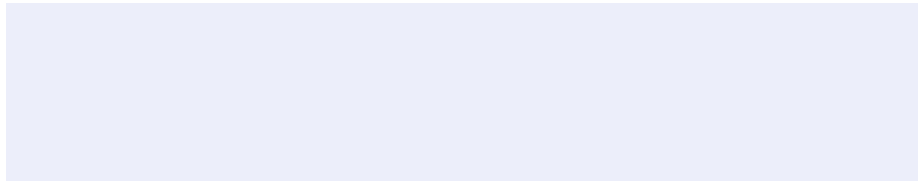
11375

QUEENS

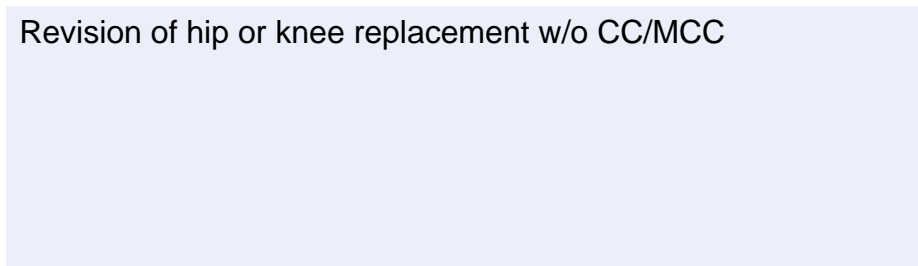
7188304000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$4188.00 \*

\$11638.00 \*

\$14551.00 \*

\$21509.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

330372

FRANKLIN HOSPITAL

900 FRANKLIN AVENUE

330372

FRANKLIN HOSPITAL

900 FRANKLIN AVENUE

330372

FRANKLIN HOSPITAL

900 FRANKLIN AVENUE

330386

CATSKILL REGIONAL MEDICAL  
CENTER

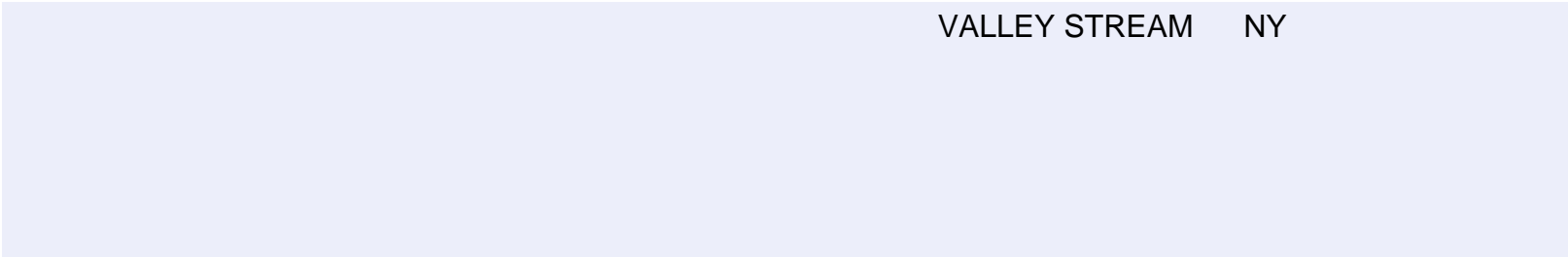
68 HARRIS BUSHVILLE  
ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

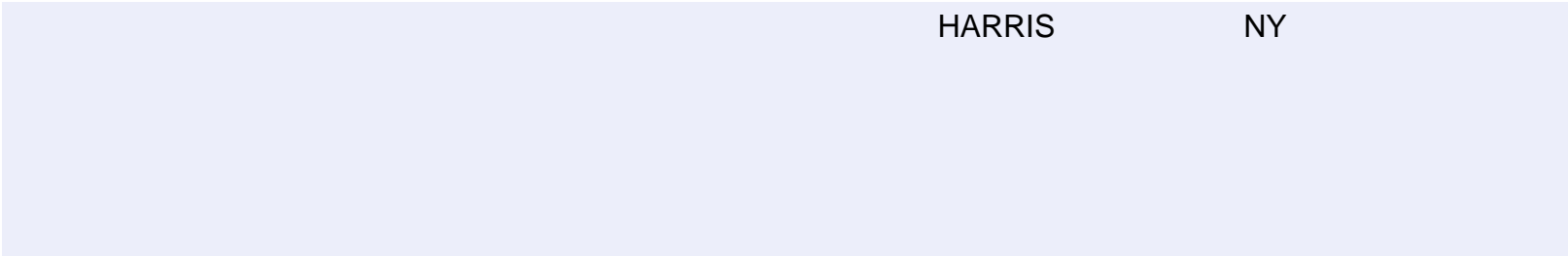


VALLEY STREAM NY



VALLEY STREAM NY

VALLEY STREAM NY



HARRIS NY

# knee

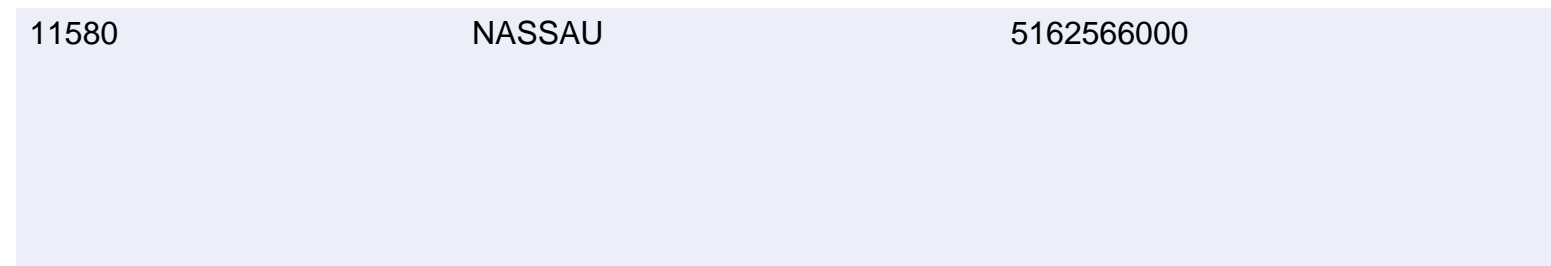
Based on Hospital Medicare Payment And Volume Measures



11580

NASSAU

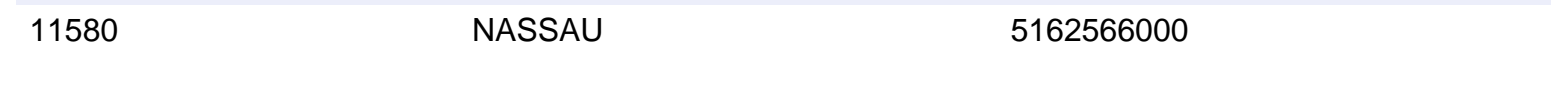
5162566000



11580

NASSAU

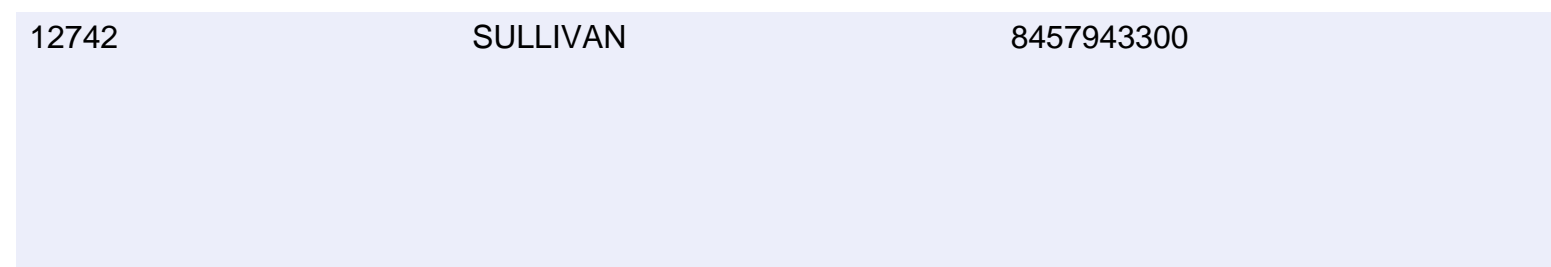
5162566000



11580

NASSAU

5162566000



12742

SULLIVAN

8457943300

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25899.00 \*

\$21535.00 \*

\$170.00 \*

\$21689.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

330386

CATSKILL REGIONAL MEDICAL  
CENTER

68 HARRIS BUSHVILLE  
ROAD

330393

UNIVERSITY HOSPITAL ( STONY  
BROOK )

HEALTH SCIENCES CENTER  
SUNY

330393

UNIVERSITY HOSPITAL ( STONY  
BROOK )

HEALTH SCIENCES CENTER  
SUNY

330393

UNIVERSITY HOSPITAL ( STONY  
BROOK )

HEALTH SCIENCES CENTER  
SUNY

330394

UNITED HEALTH SERVICES  
HOSPITALS, INC

33-57 HARRISON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

HARRIS NY

STONY BROOK NY

STONY BROOK NY
----------------

STONY BROOK NY

JOHNSON CITY NY
-----------------



# knee

Based on Hospital Medicare Payment And Volume Measures

12742	SULLIVAN	8457943300
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11794	SUFFOLK	6314444000
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11794	SUFFOLK	6314444000
-------	---------	------------

11794	SUFFOLK	6314444000
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13790	BROOME	6077636000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$9638.00 \*

\$29375.00

25



\$23496.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

330394	UNITED HEALTH SERVICES HOSPITALS, INC	33-57 HARRISON STREET
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330394	UNITED HEALTH SERVICES HOSPITALS, INC	33-57 HARRISON STREET
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330401	ST CATHERINE OF SIENA HOSPITAL	50 ROUTE 25A
--------	--------------------------------	--------------

330401	ST CATHERINE OF SIENA HOSPITAL	50 ROUTE 25A
--------	--------------------------------	--------------

340001	CAROLINAS MEDICAL CENTER- NORTHEAST	920 CHURCH ST N
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340001	CAROLINAS MEDICAL CENTER- NORTHEAST	920 CHURCH ST N
--------	--	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

JOHNSON CITY NY

JOHNSON CITY NY

SMITHTOWN NY

SMITHTOWN NY

CONCORD NC

CONCORD NC

# knee

Based on Hospital Medicare Payment And Volume Measures

13790	BROOME	6077636000
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13790	BROOME	6077636000
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11787	SUFFOLK	6318623000
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11787	SUFFOLK	6318623000
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28025	CABARRUS	7047833000
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28025	CABARRUS	7047833000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21966.00 \*

\$18175.00

15

\$20204.00 \*

\$16161.00 \*

\$14563.00

15

\$27005.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

340001	CAROLINAS MEDICAL CENTER- NORTHEAST	920 CHURCH ST N
--------	--	-----------------

340002	MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE	509 BILTMORE AVE
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340002	MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE	509 BILTMORE AVE
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340002	MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE	509 BILTMORE AVE
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340003	NORTHERN HOSPITAL OF SURRY COUNTY	830 ROCKFORD ST
--------	--------------------------------------	-----------------

340003	NORTHERN HOSPITAL OF SURRY COUNTY	830 ROCKFORD ST
--------	--------------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

CONCORD NC

ASHEVILLE NC

ASHEVILLE NC

ASHEVILLE NC

MOUNT AIRY NC

MOUNT AIRY NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28025	CABARRUS	7047833000
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28801	BUNCOMBE	8282131111
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28801	BUNCOMBE	8282131111
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28801	BUNCOMBE	8282131111
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27030	SURRY	3367197000
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27030	SURRY	3367197000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18188.00 \*

\$19141.00

32

\$22954.00 \*

\$15310.00

77

\$25568.00 \*

\$17238.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340004	HIGH POINT REGIONAL HOSPITAL	601 N ELM ST PO BOX HP-5
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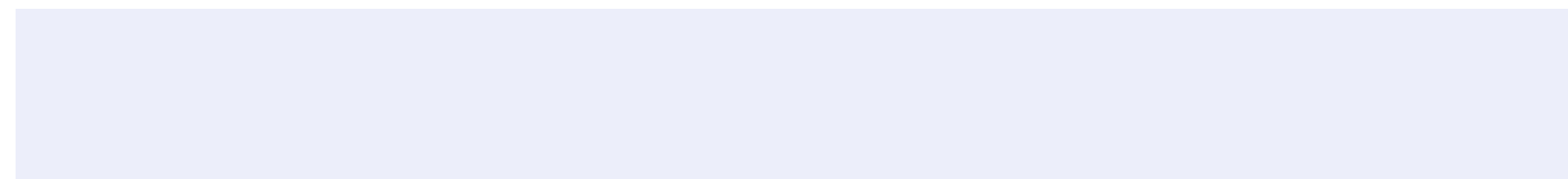
340004	HIGH POINT REGIONAL HOSPITAL	601 N ELM ST PO BOX HP-5
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340004	HIGH POINT REGIONAL HOSPITAL	601 N ELM ST PO BOX HP-5
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340008	SCOTLAND MEMORIAL HOSPITAL	500 LAUCHWOOD DR
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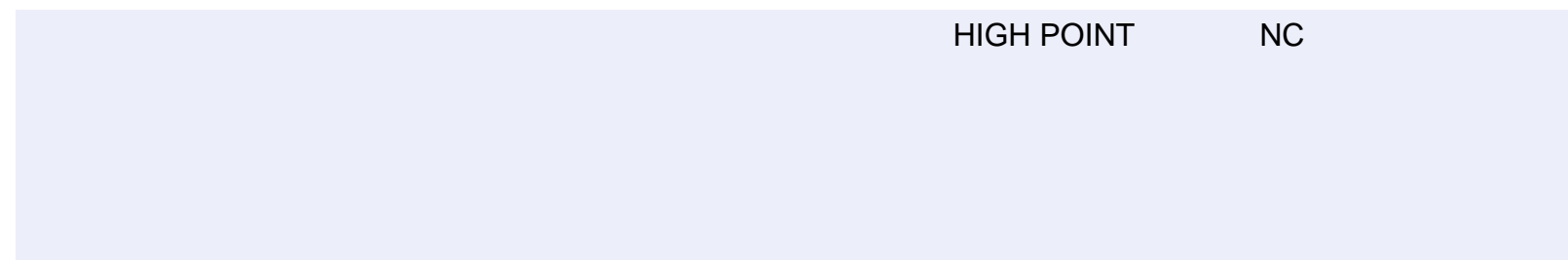
# knee

Based on Hospital Medicare Payment And Volume Measures



HIGH POINT

NC



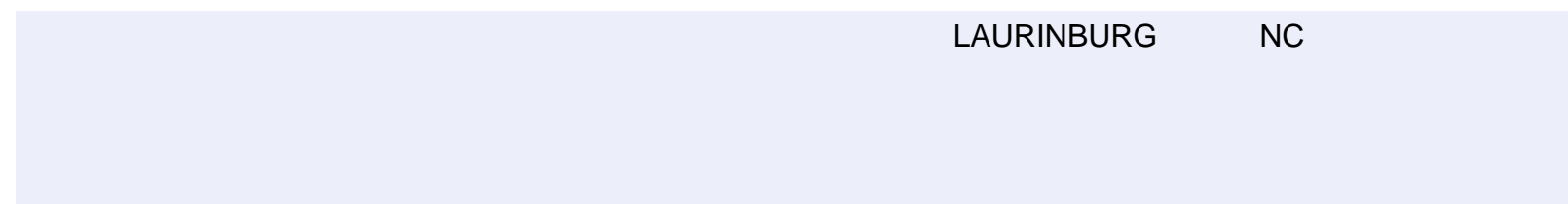
HIGH POINT

NC



HIGH POINT

NC



LAURINBURG

NC

# knee

Based on Hospital Medicare Payment And Volume Measures

27261

GUILFORD

3368786000

27261

GUILFORD

3368786000

27261

GUILFORD

3368786000

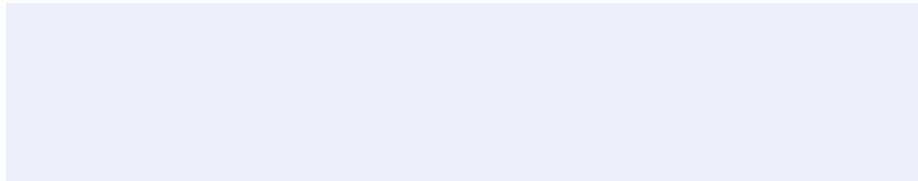
28352

SCOTLAND

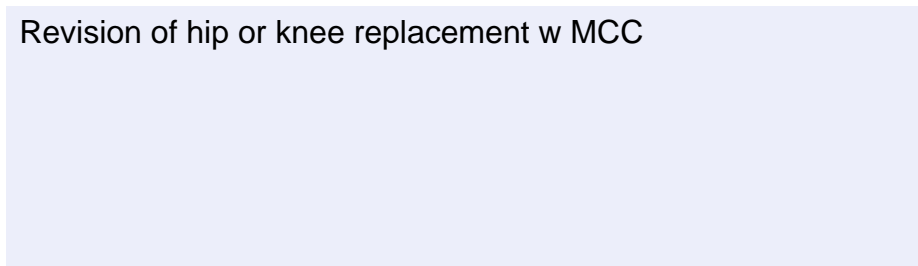
9102917000

# knee

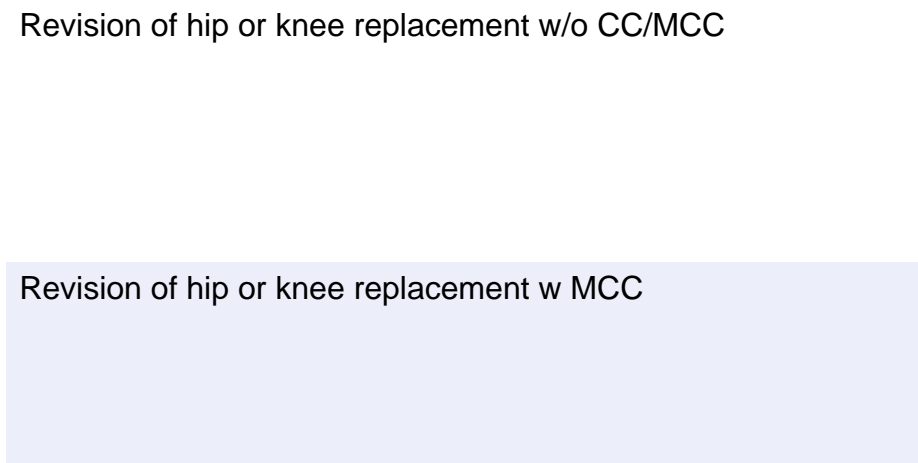
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16256.00 \*

\$13685.00 \*

\$14184.00 \*

\$27204.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

340008	SCOTLAND MEMORIAL HOSPITAL	500 LAUCHWOOD DR
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340010	WAYNE MEMORIAL HOSPITAL	2700 WAYNE MEMORIAL DR
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340010	WAYNE MEMORIAL HOSPITAL	2700 WAYNE MEMORIAL DR
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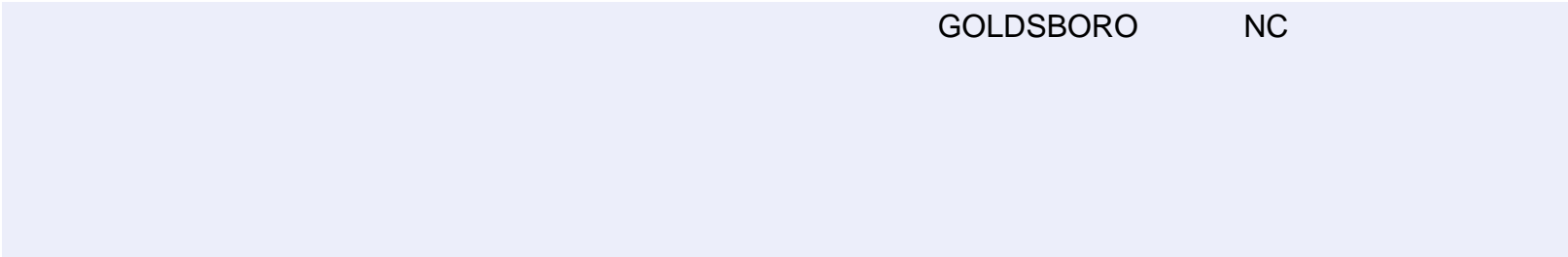
340010	WAYNE MEMORIAL HOSPITAL	2700 WAYNE MEMORIAL DR
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# knee

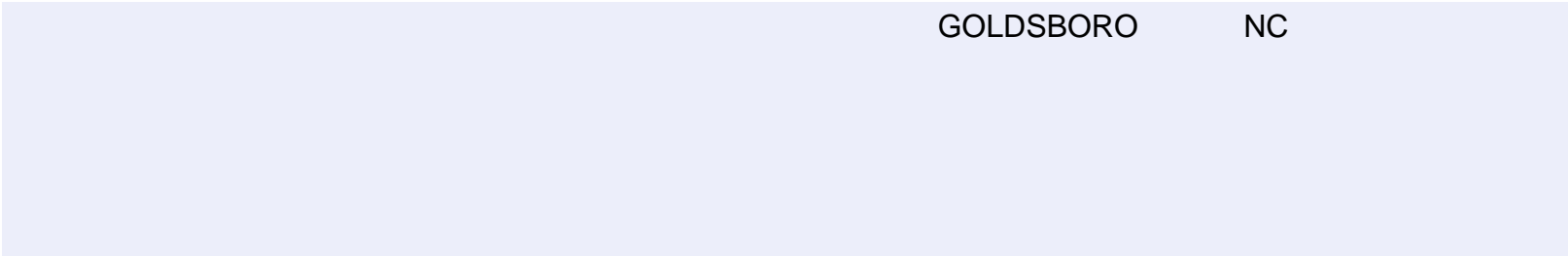
Based on Hospital Medicare Payment And Volume Measures



LAURINBURG NC



GOLDSBORO NC



GOLDSBORO NC



# knee

Based on Hospital Medicare Payment And Volume Measures

28352

SCOTLAND

9102917000

27534

WAYNE

9197361110

27534

WAYNE

9197361110

27534

WAYNE

9197361110

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18341.00 \*

\$17802.00 \*

\$26405.00 \*

\$14245.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340011	SPRUCE PINE COMMUNITY HOSPITAL	125 HOSPITAL DR
340011	SPRUCE PINE COMMUNITY HOSPITAL	125 HOSPITAL DR
340013	RUTHERFORD HOSPITAL INC	288 SOUTH RIDGECREST AVE
340014	FORSYTH MEMORIAL HOSPITAL	3333 SILAS CREEK PARKWAY
340014	FORSYTH MEMORIAL HOSPITAL	3333 SILAS CREEK PARKWAY
340014	FORSYTH MEMORIAL HOSPITAL	3333 SILAS CREEK PARKWAY
340015	ROWAN REGIONAL MEDICAL CENTER	612 MOCKSVILLE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SPRUCE PINE NC

SPRUCE PINE NC

RUTHERFORDTO  
N NC

WINSTON-SALEM NC

WINSTON-SALEM NC

WINSTON-SALEM NC

SALISBURY NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28777	MITCHELL	8287654201
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28777	MITCHELL	8287654201
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28139	RUTHERFORD	8282865000
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27103	FORSYTH	3367185000
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27103	FORSYTH	3367185000
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27103	FORSYTH	3367185000
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28144	ROWAN	7042105000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14138.00 \*

\$17499.00 \*

\$15070.00 \*

\$14399.00

43

\$15162.00

25

\$26700.00

12

\$24429.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

340015	ROWAN REGIONAL MEDICAL CENTER	612 MOCKSVILLE AVE
340015	ROWAN REGIONAL MEDICAL CENTER	612 MOCKSVILLE AVE
340016	C J HARRIS COMMUNITY HOSPITAL	68 HOSPITAL RD
340017	MARGARET R PARDEE MEMORIAL HOSPITAL	800 N JUSTICE ST
340017	MARGARET R PARDEE MEMORIAL HOSPITAL	800 N JUSTICE ST

# knee

Based on Hospital Medicare Payment And Volume Measures

SALISBURY NC

SALISBURY NC

SYLVA NC

HENDERSONVILL NC  
E

HENDERSONVILL NC  
E

# knee

Based on Hospital Medicare Payment And Volume Measures

28144	ROWAN	7042105000
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28144	ROWAN	7042105000
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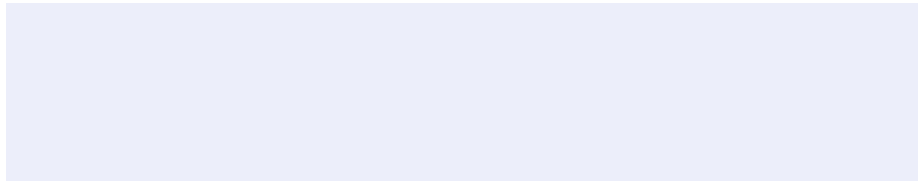
28779	JACKSON	8285867000
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28791	HENDERSON	8286961000
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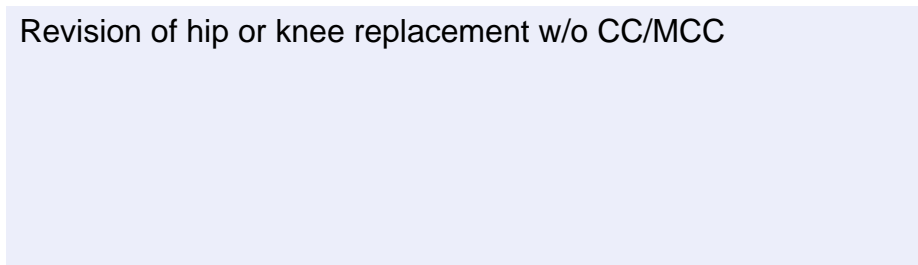
28791	HENDERSON	8286961000
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# knee

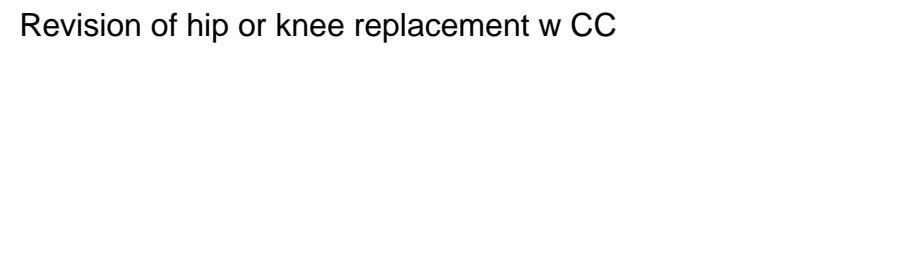
Based on Hospital Medicare Payment And Volume Measures



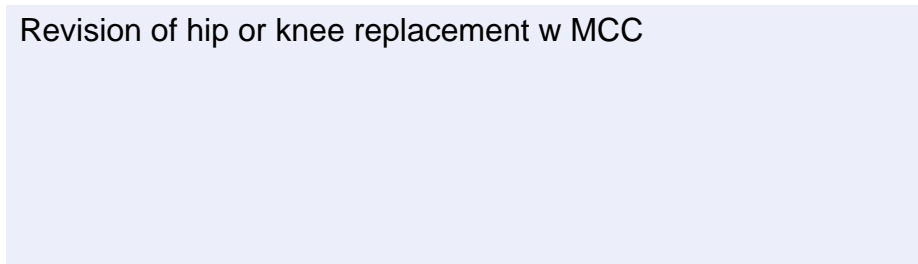
Revision of hip or knee replacement w CC



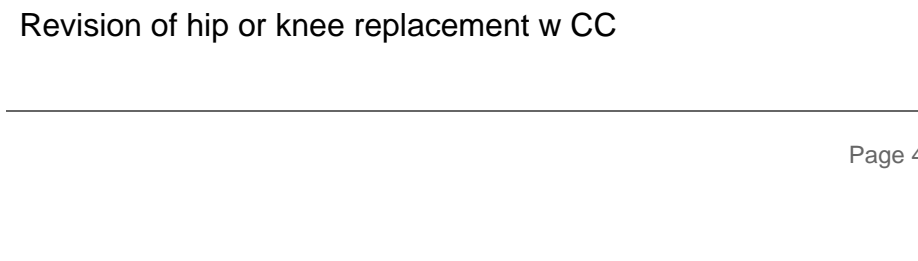
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17412.00	25
	\$11606.00 *	
	\$17238.00 *	
	\$42137.00 *	
	\$17024.00	37

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340017	MARGARET R PARDEE MEMORIAL HOSPITAL	800 N JUSTICE ST
340020	CENTRAL CAROLINA HOSPITAL	1135 CARTHAGE ST
340020	CENTRAL CAROLINA HOSPITAL	1135 CARTHAGE ST
340021	CLEVELAND REGIONAL MEDICAL CENTER	201 E GROVER ST
340021	CLEVELAND REGIONAL MEDICAL CENTER	201 E GROVER ST

# knee

Based on Hospital Medicare Payment And Volume Measures

HENDERSONVILLE  
E NC

SANFORD NC

SANFORD NC

SHELBY NC

SHELBY NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28791	HENDERSON	8286961000
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27330	LEE	9197742100
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27330	LEE	9197742100
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28150	CLEVELAND	7044873000
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28150	CLEVELAND	7044873000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13617.00 \*

\$13936.00 \*

\$25842.00 \*

\$18303.00 \*

\$14640.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

340023	PARK RIDGE HOSPITAL	NAPLES RD BOX 1569
340023	PARK RIDGE HOSPITAL	NAPLES RD BOX 1569
340024	SAMPSON REGIONAL MEDICAL CENTER	607 BEAMAN ST
340027	LENOIR MEMORIAL HOSPITAL	100 AIRPORT RD
340027	LENOIR MEMORIAL HOSPITAL	100 AIRPORT RD

# knee

Based on Hospital Medicare Payment And Volume Measures

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FLETCHER	NC
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FLETCHER	NC
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CLINTON	NC
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KINSTON	NC
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KINSTON	NC
---------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

28732	HENDERSON	8286848501
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28732	HENDERSON	8286848501
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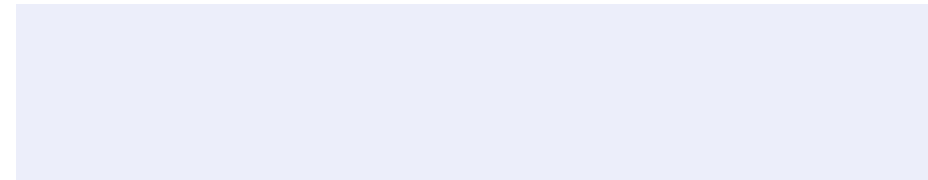
28328	SAMPSON	9105928511
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28501	LENOIR	2525227000
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28501	LENOIR	2525227000
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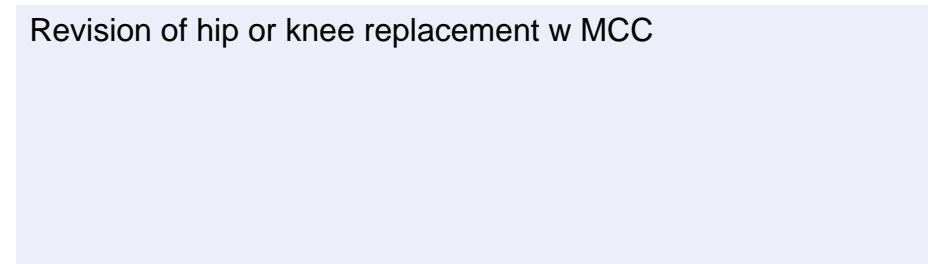
# knee

Based on Hospital Medicare Payment And Volume Measures



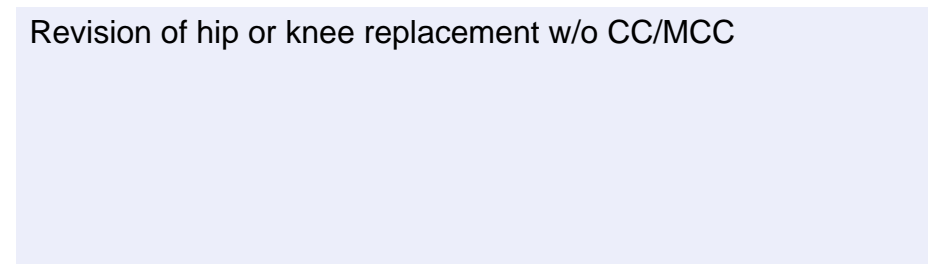
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

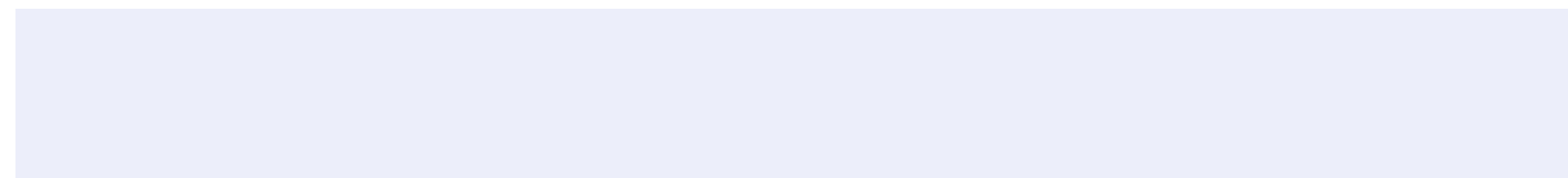
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

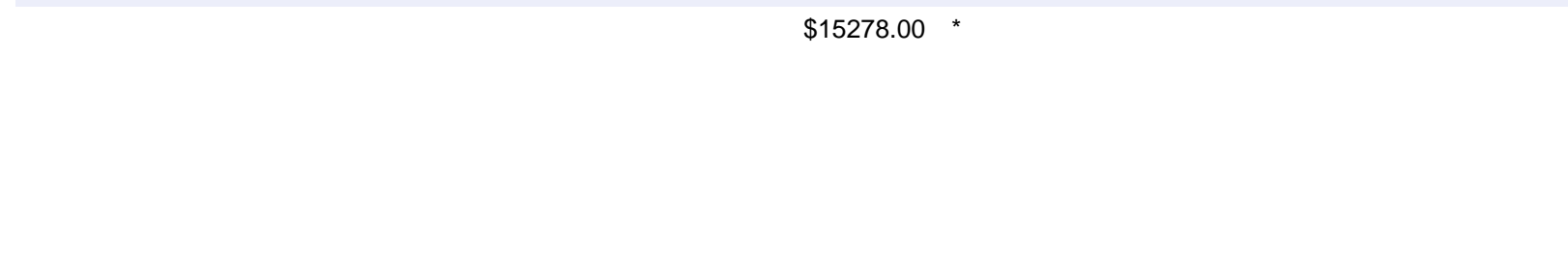


\$17842.00

13



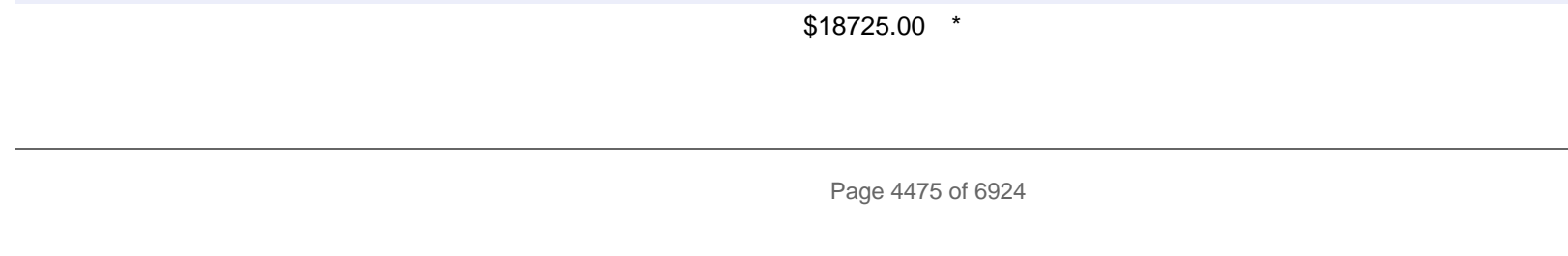
\$26387.00 \*



\$15278.00 \*



\$14945.00 \*



\$18725.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340027	LENOIR MEMORIAL HOSPITAL	100 AIRPORT RD
340028	CAPE FEAR VALLEY MEDICAL CENTER	1638 OWEN DRIVE P O BOX 2000
340028	CAPE FEAR VALLEY MEDICAL CENTER	1638 OWEN DRIVE P O BOX 2000
340028	CAPE FEAR VALLEY MEDICAL CENTER	1638 OWEN DRIVE P O BOX 2000
340030	DUKE UNIVERSITY HOSPITAL	PO BOX 3708 DUMC ERWIN RD
340030	DUKE UNIVERSITY HOSPITAL	PO BOX 3708 DUMC ERWIN

# knee

Based on Hospital Medicare Payment And Volume Measures

KINSTON NC

FAYETTEVILLE NC

FAYETTEVILLE NC

FAYETTEVILLE NC

DURHAM NC

DURHAM NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28501	LENOIR	2525227000
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28302	CUMBERLAND	9106094000
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28302	CUMBERLAND	9106094000
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28302	CUMBERLAND	9106094000
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27710	DURHAM	9196848111
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27710	DURHAM	9196848111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$46038.00 \*

\$21222.00 \*

\$30613.00 \*

\$16975.00 30

\$19691.00 37

\$36514.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

RD

340030

DUKE UNIVERSITY HOSPITAL

PO BOX 3708 DUMC ERWIN  
RD

340032

GASTON MEMORIAL HOSPITAL

2525 COURT DR

340032

GASTON MEMORIAL HOSPITAL

2525 COURT DR

340032

GASTON MEMORIAL HOSPITAL

2525 COURT DR

340038

BEAUFORT COUNTY MEDICAL

628 E 12TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

DURHAM NC

GASTONIA NC

GASTONIA NC

GASTONIA NC

WASHINGTON NC

# knee

Based on Hospital Medicare Payment And Volume Measures

27710	DURHAM	9196848111
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28052	GASTON	7048342000
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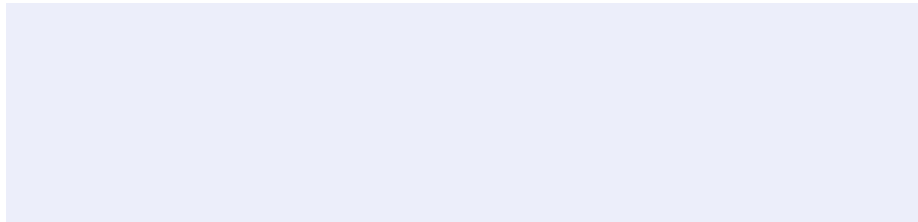
28052	GASTON	7048342000
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28052	GASTON	7048342000
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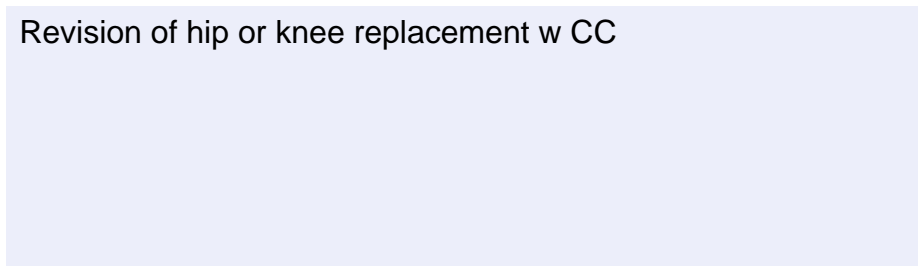
27889	BEAUFORT	2529754100
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# knee

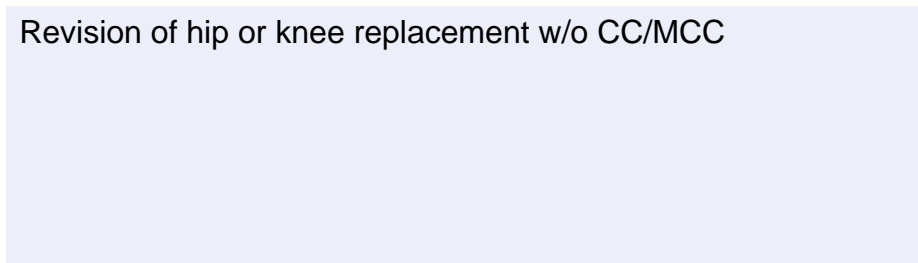
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



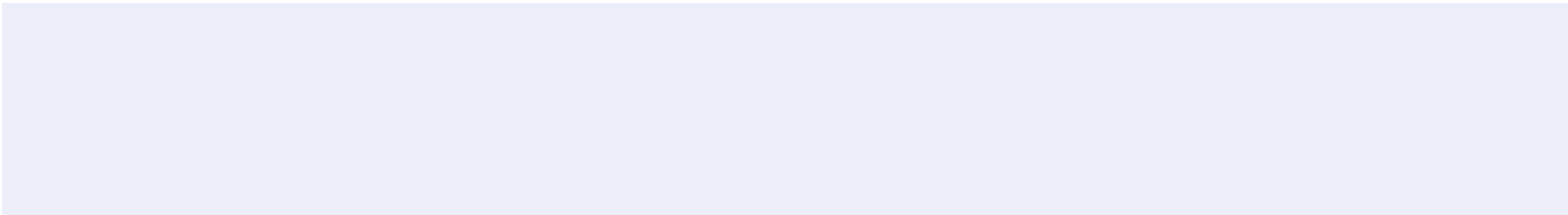
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



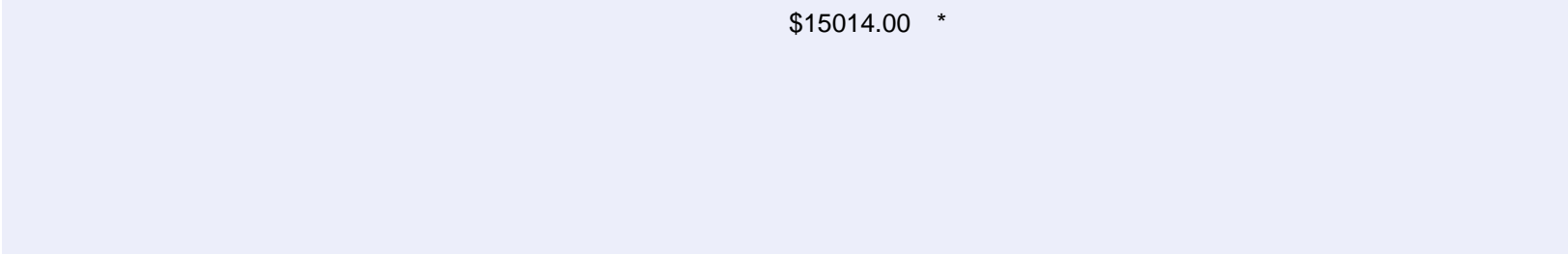
\$24456.00 49



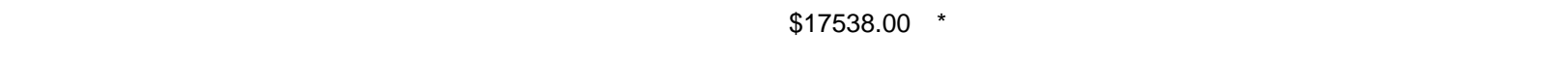
\$15699.00 \*



\$11862.00 \*



\$15014.00 \*



\$17538.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

340039	IREDELL MEMORIAL HOSPITAL INC	557 BROOKDALE DR P O BOX 1828
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340039	IREDELL MEMORIAL HOSPITAL INC	557 BROOKDALE DR P O BOX 1828
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340039	IREDELL MEMORIAL HOSPITAL INC	557 BROOKDALE DR P O BOX 1828
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340040	PITT COUNTY MEMORIAL HOSPITAL	2100 STANTONSBURG RD, PO BOX 6028
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340040	PITT COUNTY MEMORIAL HOSPITAL	2100 STANTONSBURG RD,
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# knee

Based on Hospital Medicare Payment And Volume Measures

STATESVILLE NC

STATESVILLE NC

STATESVILLE NC

GREENVILLE NC

GREENVILLE NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28677

IREDELL

7048735661

28677

IREDELL

7048735661

28677

IREDELL

7048735661

27835

PITT

2528474100

27835

PITT

2528474100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17565.00 \*

\$25949.00 \*

\$14049.00 \*

\$17811.00

11

\$33177.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

PO BOX 6028

340040	PITT COUNTY MEMORIAL HOSPITAL	2100 STANTONSBURG RD, PO BOX 6028
340041	CALDWELL MEMORIAL HOSPITAL	321 MULBERRY ST SW
340047	NORTH CAROLINA BAPTIST HOSPITAL	MEDICAL CENTER BOULEVARD
340047	NORTH CAROLINA BAPTIST HOSPITAL	MEDICAL CENTER BOULEVARD
340047	NORTH CAROLINA BAPTIST HOSPITAL	MEDICAL CENTER BOULEVARD
340049	NORTH CAROLINA SPECIALTY HOSPITAL	3916 BEN FRANKLIN BOULEVARD
340049	NORTH CAROLINA SPECIALTY	3916 BEN FRANKLIN

# knee

Based on Hospital Medicare Payment And Volume Measures

GREENVILLE NC

LENOIR NC

WINSTON-SALEM NC

WINSTON-SALEM NC

WINSTON-SALEM NC

DURHAM NC

DURHAM NC



# knee

Based on Hospital Medicare Payment And Volume Measures

27835	PITT	2528474100
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28645	CALDWELL	8287575100
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27157	FORSYTH	3367162011
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27157	FORSYTH	3367162011
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27157	FORSYTH	3367162011
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27704	DURHAM	9199569300
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27704	DURHAM	9199569300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18640.00	18
	\$15171.00 *	
	\$23132.00	39
	\$34309.00 *	
	\$16892.00	27
	\$13314.00	14
	\$16645.00	14

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340051	HOSPITAL WATAUGA MEDICAL CENTER	BOULEVARD 336 DEERFIELD ROAD
340053	PRESBYTERIAN HOSPITAL	200 HAWTHORNE LANE BOX 33549
340055	VALDESE GENERAL HOSPITAL INC	720 MALCOLM BLVD
340061	UNIVERSITY OF NORTH CAROLINA HOSPITAL	101 MANNING DRIVE
340061	UNIVERSITY OF NORTH CAROLINA HOSPITAL	101 MANNING DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

BOONE

NC

CHARLOTTE

NC

VALDESE

NC

CHAPEL HILL

NC

CHAPEL HILL

NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28607	WATAUGA	8282624100
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28233	MECKLENBURG	7043844000
-------	-------------	------------

28690	BURKE	8288742251
-------	-------	------------

27514	ORANGE	9199664131
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27514	ORANGE	9199664131
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13120.00 \*

\$28099.00 \*

\$16706.00 \*

\$21101.00

12

\$26381.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

340061	UNIVERSITY OF NORTH CAROLINA HOSPITAL	101 MANNING DRIVE
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340064	WILKES REGIONAL MEDICAL CENTER	1370 WEST D ST
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340068	COLUMBUS REGIONAL HEALTHCARE SYSTEM	500 JEFFERSON ST
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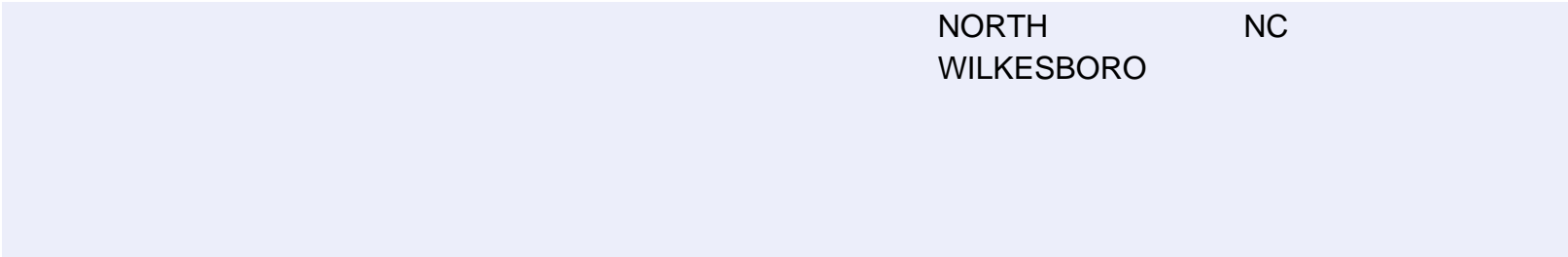
340069	WAKEMED, RALEIGH CAMPUS	3000 NEW BERN AVE
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340069	WAKEMED, RALEIGH CAMPUS	3000 NEW BERN AVE
--------	-------------------------	-------------------

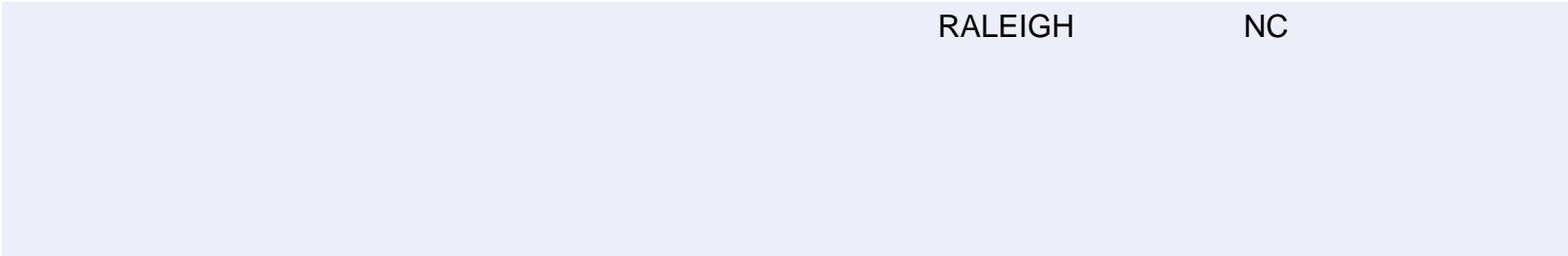
# knee

Based on Hospital Medicare Payment And Volume Measures

CHAPEL HILL NC



WHITEVILLE NC



RALEIGH NC

# knee

Based on Hospital Medicare Payment And Volume Measures

27514

ORANGE

9199664131

28659

WILKES

3366518100

28472

COLUMBUS

9106428011

27610

WAKE

9193508000

27610

WAKE

9193508000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26156.00 \*

\$33709.00 \*

\$15037.00 \*

\$20886.00 \*

\$26564.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

340070	ALAMANCE REGIONAL MEDICAL CENTER	1240 HUFFMAN MILL RD PO BOX 202
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340070	ALAMANCE REGIONAL MEDICAL CENTER	1240 HUFFMAN MILL RD PO BOX 202
--------	-------------------------------------	------------------------------------

340070	ALAMANCE REGIONAL MEDICAL CENTER	1240 HUFFMAN MILL RD PO BOX 202
--------	-------------------------------------	------------------------------------

340073	DUKE HEALTH RALEIGH HOSPITAL	3400 WAKE FOREST RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

BURLINGTON NC

BURLINGTON NC

BURLINGTON NC

RALEIGH NC

# knee

Based on Hospital Medicare Payment And Volume Measures

27216

ALAMANCE

3365387000

27216

ALAMANCE

3365387000

27216

ALAMANCE

3365387000

27609

WAKE

9199543000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14021.00 \*

\$1024.00 \*

\$17529.00 \*

\$13340.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

340073	DUKE HEALTH RALEIGH HOSPITAL	3400 WAKE FOREST RD
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340073	DUKE HEALTH RALEIGH HOSPITAL	3400 WAKE FOREST RD
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340085	THOMASVILLE MEDICAL CENTER	207 OLD LEXINGTON RD BOX 789
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340090	JOHNSTON MEMORIAL HOSPITAL	509 BRIGHT LEAF BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

RALEIGH

NC

RALEIGH

NC

THOMASVILLE

NC

SMITHFIELD

NC



# knee

Based on Hospital Medicare Payment And Volume Measures

27609	WAKE	9199543000
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27609	WAKE	9199543000
-------	------	------------

27360	DAVIDSON	3364722000
-------	----------	------------

27577	JOHNSTON	9199348171
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23407.00 \*

\$25501.00 \*

\$17966.00 \*

\$16655.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340090	JOHNSTON MEMORIAL HOSPITAL	509 BRIGHT LEAF BLVD
340091	MOSES H CONE MEMORIAL HOSPITAL, THE	1200 N ELM ST
340091	MOSES H CONE MEMORIAL HOSPITAL, THE	1200 N ELM ST
340091	MOSES H CONE MEMORIAL HOSPITAL, THE	1200 N ELM ST
340096	LEXINGTON MEMORIAL HOSPITAL INC	250 HOSPITAL DRIVE PO BOX 1817
340096	LEXINGTON MEMORIAL HOSPITAL INC	250 HOSPITAL DRIVE PO BOX 1817

# knee

Based on Hospital Medicare Payment And Volume Measures

SMITHFIELD	NC
------------	----

GREENSBORO	NC
------------	----

GREENSBORO	NC
------------	----

GREENSBORO	NC
------------	----

LEXINGTON	NC
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LEXINGTON	NC
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

27577	JOHNSTON	9199348171
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27401	GUILFORD	3368327000
-------	----------	------------

27401	GUILFORD	3368327000
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27401	GUILFORD	3368327000
-------	----------	------------

27293	DAVIDSON	3362485161
-------	----------	------------

27293	DAVIDSON	3362485161
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$29643.00 *	
	\$26194.00 *	
	\$18590.00	47
	\$13657.00	30
	\$14104.00 *	
	\$14694.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340097	HUGH CHATHAM MEMORIAL HOSPITAL	180 PARKWOOD DR
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340098	CAROLINAS MED CENTER-MERCY	2001 VAIL AVE
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340098	CAROLINAS MED CENTER-MERCY	2001 VAIL AVE
--------	----------------------------	---------------

340098	CAROLINAS MED CENTER-MERCY	2001 VAIL AVE
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340099	ROANOKE CHOWAN HOSPITAL	500 S ACADEMY ST
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340099	ROANOKE CHOWAN HOSPITAL	500 S ACADEMY ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

ELKIN	NC
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CHARLOTTE	NC
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CHARLOTTE	NC
-----------	----

CHARLOTTE	NC
-----------	----

AHOSKIE	NC
---------	----

AHOSKIE	NC
---------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

28621	SURRY	3365277000
-------	-------	------------

28207	MECKLENBURG	7043795000
-------	-------------	------------

28207	MECKLENBURG	7043795000
-------	-------------	------------

28207	MECKLENBURG	7043795000
-------	-------------	------------

27910	HERTFORD	2522093000
-------	----------	------------

27910	HERTFORD	2522093000
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

knee

Based on Hospital Medicare Payment And Volume Measures

\$17152.00 \*

\$13970.00

34

\$17466.00

26

\$25906.00 \*

\$19278.00 \*

\$19236.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340099	ROANOKE CHOWAN HOSPITAL	500 S ACADEMY ST
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340107	HERITAGE HOSPITAL	111 HOSPITAL DR
--------	-------------------	-----------------

340109	ALBEMARLE HOSPITAL AUTHORITY	1144 N ROAD ST
--------	------------------------------	----------------

340113	CAROLINAS MEDICAL CENTER/BEHAV HEALTH	1000 BLYTHE BLVD
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340113	CAROLINAS MEDICAL CENTER/BEHAV HEALTH	1000 BLYTHE BLVD
--------	--	------------------

340113	CAROLINAS MEDICAL	1000 BLYTHE BLVD
--------	-------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

AHOSKIE	NC
---------	----

TARBORO	NC
---------	----

ELIZABETH CITY	NC
----------------	----

CHARLOTTE	NC
-----------	----

CHARLOTTE	NC
-----------	----

CHARLOTTE	NC
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

27910	HERTFORD	2522093000
-------	----------	------------

27886	EDGECOMBE	2526417700
-------	-----------	------------

27909	PASQUOTANK	2523350531
-------	------------	------------

28203	MECKLENBURG	7043552000
-------	-------------	------------

28203	MECKLENBURG	7043552000
-------	-------------	------------

28203	MECKLENBURG	7043552000
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

knee

Based on Hospital Medicare Payment And Volume Measures

\$15386.00 \*

\$13844.00 \*

\$17334.00 \*

\$17969.00	43
------------	----

\$22465.00	12
------------	----

\$33321.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

CENTER/BEHAV HEALTH		
340114	REX HOSPITAL	4420 LAKE BOONE TRAIL
340114	REX HOSPITAL	4420 LAKE BOONE TRAIL
340114	REX HOSPITAL	4420 LAKE BOONE TRAIL
340115	FIRSTHEALTH MOORE REGIONAL HOSPITAL	155 MEMORIAL DRIVE
340115	FIRSTHEALTH MOORE REGIONAL HOSPITAL	155 MEMORIAL DRIVE
340115	FIRSTHEALTH MOORE REGIONAL HOSPITAL	155 MEMORIAL DRIVE
340116	FRYE REGIONAL MEDICAL CENTER	420 N CENTER ST
340116	FRYE REGIONAL MEDICAL CENTER	420 N CENTER ST

# knee

Based on Hospital Medicare Payment And Volume Measures

	RALEIGH	NC
	RALEIGH	NC
	RALEIGH	NC
	PINEHURST	NC
	PINEHURST	NC
	PINEHURST	NC
	HICKORY	NC
	HICKORY	NC



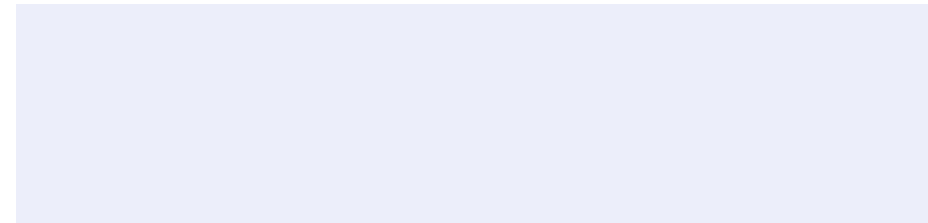
# knee

Based on Hospital Medicare Payment And Volume Measures

27607	WAKE	9197843100
27607	WAKE	9197843100
27607	WAKE	9197843100
28374	MOORE	9107151000
28374	MOORE	9107151000
28374	MOORE	9107151000
28601	CATAWBA	8283226070
28601	CATAWBA	8283226070

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC

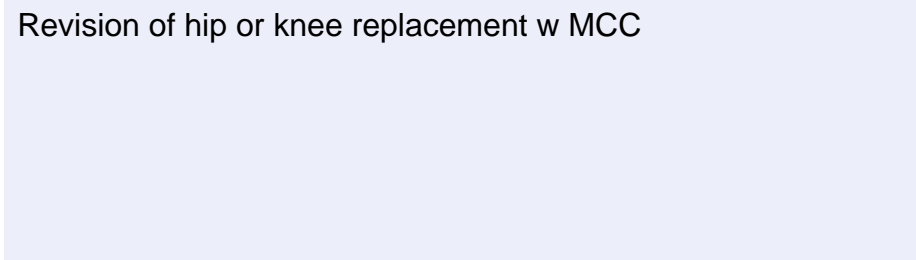
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$24735.00	15
	\$16676.00	34
	\$13339.00	32
	\$14410.00	29
	\$18015.00	23
	\$25276.00 *	
	\$25478.00 *	
	\$17029.00	17

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340116	FRYE REGIONAL MEDICAL CENTER	420 N CENTER ST
340119	STANLY REGIONAL MEDICAL CENTER	301 YADKIN ST
340119	STANLY REGIONAL MEDICAL CENTER	301 YADKIN ST
340119	STANLY REGIONAL MEDICAL CENTER	301 YADKIN ST
340123	RANDOLPH HOSPITAL	364 WHITE OAK STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

HICKORY	NC
---------	----

ALBEMARLE	NC
-----------	----

ALBEMARLE	NC
-----------	----

ALBEMARLE	NC
-----------	----

ASHEBORO	NC
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

28601	CATAWBA	8283226070
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28001	STANLY	7049844000
-------	--------	------------

28001	STANLY	7049844000
-------	--------	------------

28001	STANLY	7049844000
-------	--------	------------

27204	RANDOLPH	3366255151
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13621.00 \*

\$14585.00 \*

\$18269.00 \*

\$27097.00 \*

\$14657.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

340123

RANDOLPH HOSPITAL

364 WHITE OAK STREET

340123

RANDOLPH HOSPITAL

364 WHITE OAK STREET

340126

WILSON MEDICAL CENTER

1705 S TARBORO ST

340126

WILSON MEDICAL CENTER

1705 S TARBORO ST

# knee

Based on Hospital Medicare Payment And Volume Measures

ASHEBORO

NC

ASHEBORO

NC

WILSON

NC

WILSON

NC

# knee

Based on Hospital Medicare Payment And Volume Measures

27204

RANDOLPH

3366255151

27204

RANDOLPH

3366255151

27893

WILSON

2523998040

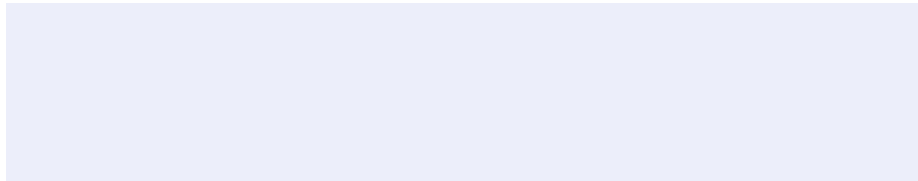
27893

WILSON

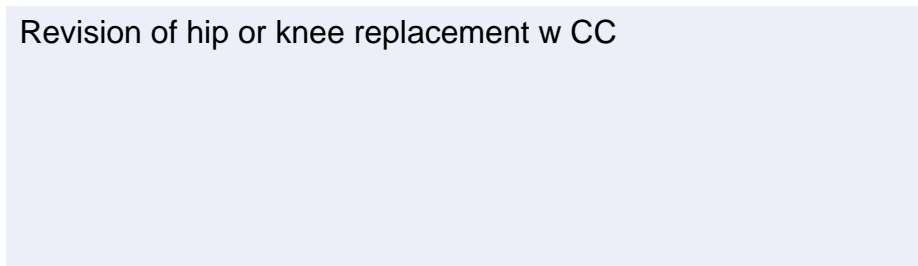
2523998040

# knee

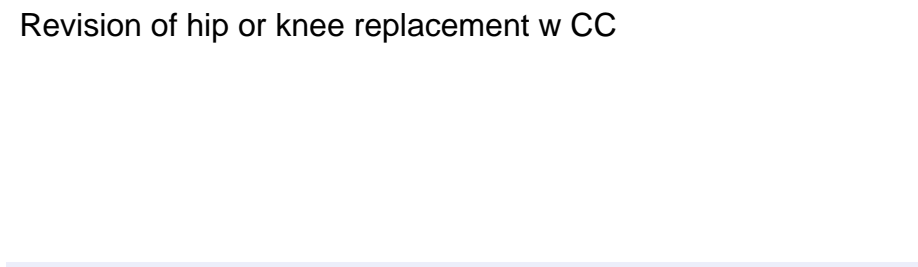
Based on Hospital Medicare Payment And Volume Measures



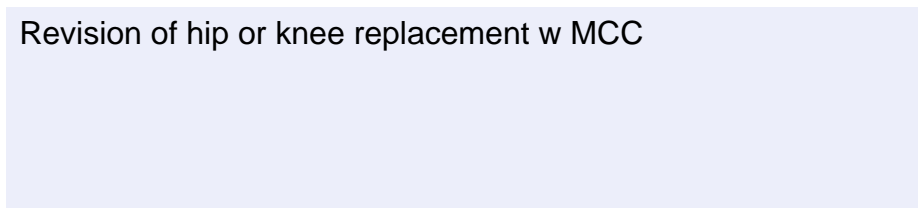
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27179.00 \*

\$18324.00 \*

\$18995.00 \*

\$28174.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

340126	WILSON MEDICAL CENTER	1705 S TARBORO ST
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340127	GRANVILLE MEDICAL CENTER	COLLEGE ST BOX 947
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340127	GRANVILLE MEDICAL CENTER	COLLEGE ST BOX 947
--------	--------------------------	--------------------

340129	LAKE NORMAN REGIONAL MEDICAL CENTER	171 FAIRVIEW ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WILSON

NC

OXFORD

NC

OXFORD

NC

MOORESVILLE

NC

# knee

Based on Hospital Medicare Payment And Volume Measures

27893

WILSON

2523998040

27565

GRANVILLE

9196903000

27565

GRANVILLE

9196903000

28117

IREDELL

7046604000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

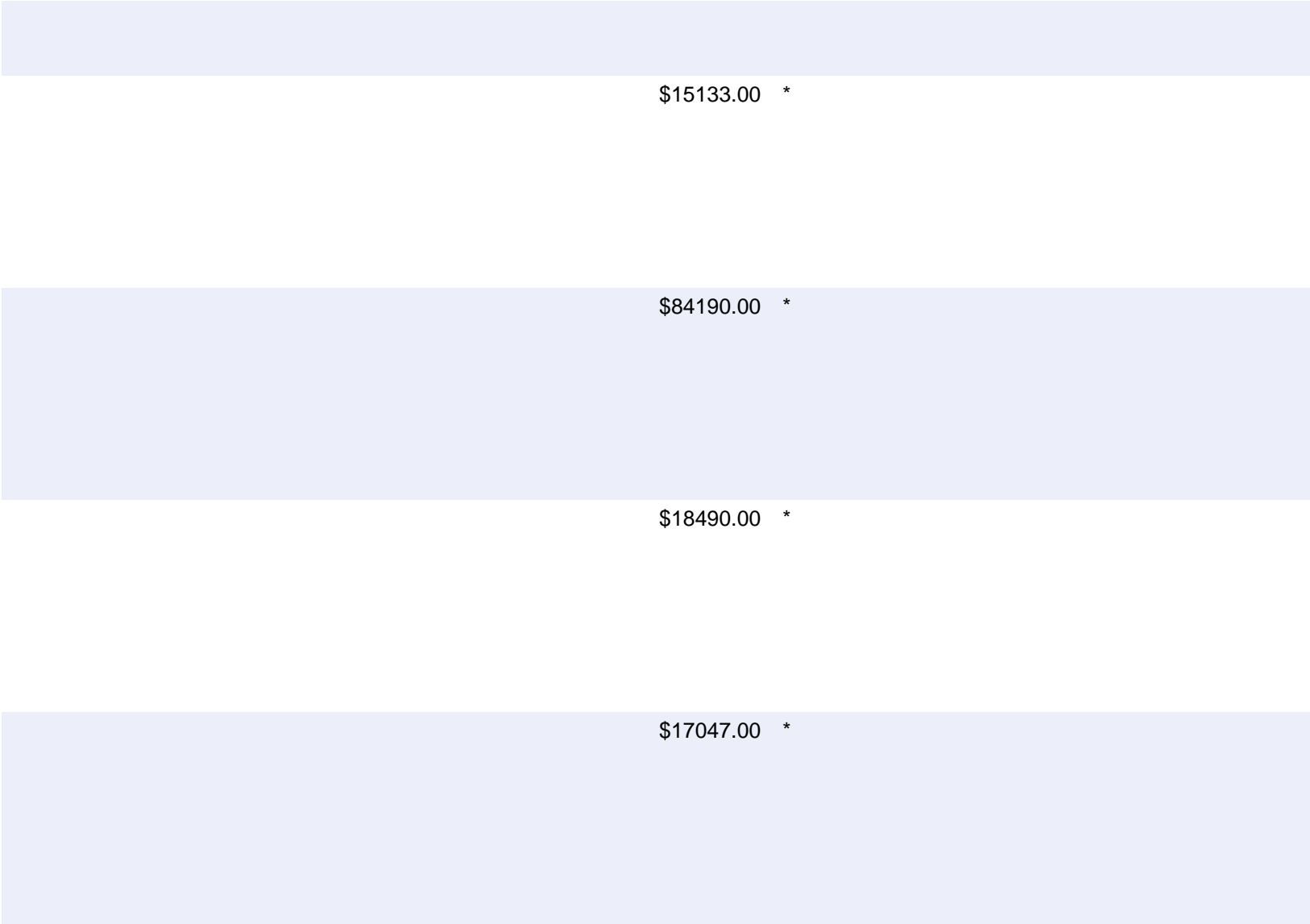
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$15133.00 *
2	\$84190.00 *
3	\$18490.00 *
4	\$17047.00 *

\$15133.00 \*

\$84190.00 \*

\$18490.00 \*

\$17047.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340129	LAKE NORMAN REGIONAL MEDICAL CENTER	171 FAIRVIEW ROAD
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340129	LAKE NORMAN REGIONAL MEDICAL CENTER	171 FAIRVIEW ROAD
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340130	CAROLINAS MEDICAL CENTER-UNION	600 HOSPITAL DR
--------	--------------------------------	-----------------

340130	CAROLINAS MEDICAL CENTER-UNION	600 HOSPITAL DR
--------	--------------------------------	-----------------

340130	CAROLINAS MEDICAL CENTER-UNION	600 HOSPITAL DR
--------	--------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

MOORESVILLE NC

MOORESVILLE NC

MONROE NC

MONROE NC

MONROE NC



# knee

Based on Hospital Medicare Payment And Volume Measures

28117	IREDELL	7046604000
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28117	IREDELL	7046604000
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28110	UNION	7042833100
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28110	UNION	7042833100
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28110	UNION	7042833100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17040.00 \*

\$13671.00 \*

\$15525.00 \*

\$23377.00 \*

\$19409.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

340131	CAROLINA EAST MEDICAL CENTER	2000 NEUSE BLVD
340131	CAROLINA EAST MEDICAL CENTER	2000 NEUSE BLVD
340131	CAROLINA EAST MEDICAL CENTER	2000 NEUSE BLVD
340132	MARIA PARHAM HOSPITAL	PO DRAWER 59 RUIN CREEK RD
340132	MARIA PARHAM HOSPITAL	PO DRAWER 59 RUIN CREEK RD
340141	NEW HANOVER REGIONAL MEDICAL CENTER	2131 S 17TH ST BOX 9000

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW BERN NC

NEW BERN NC

NEW BERN NC

HENDERSON NC

HENDERSON NC

WILMINGTON NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28560	CRAVEN	2526338640
-------	--------	------------

28560	CRAVEN	2526338640
-------	--------	------------

28560	CRAVEN	2526338640
-------	--------	------------

27536	VANCE	2524384143
-------	-------	------------

27536	VANCE	2524384143
-------	-------	------------

28402	NEW HANOVER	9103437000
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17042.00	11
	\$25277.00 *	
	\$13632.00	12
	\$13788.00 *	
	\$17238.00 *	
	\$15210.00	21

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

340141	NEW HANOVER REGIONAL MEDICAL CENTER	2131 S 17TH ST BOX 9000
340141	NEW HANOVER REGIONAL MEDICAL CENTER	2131 S 17TH ST BOX 9000
340142	CARTERET GENERAL HOSPITAL	3500 ARENDELL ST
340142	CARTERET GENERAL HOSPITAL	3500 ARENDELL ST
340142	CARTERET GENERAL HOSPITAL	3500 ARENDELL ST
340143	CATAWBA VALLEY MEDICAL CENTER	810 FAIRGROVE CHURCH RD
340143	CATAWBA VALLEY MEDICAL CENTER	810 FAIRGROVE CHURCH RD

# knee

Based on Hospital Medicare Payment And Volume Measures

WILMINGTON NC

WILMINGTON NC

MOREHEAD CITY NC

MOREHEAD CITY NC

MOREHEAD CITY NC

HICKORY NC

HICKORY NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28402	NEW HANOVER	9103437000
-------	-------------	------------

28402	NEW HANOVER	9103437000
-------	-------------	------------

28557	CARTERET	2528086000
-------	----------	------------

28557	CARTERET	2528086000
-------	----------	------------

28557	CARTERET	2528086000
-------	----------	------------

28602	CATAWBA	8283263809
-------	---------	------------

28602	CATAWBA	8283263809
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18882.00	98
------------	----

\$26680.00	25
------------	----

\$19689.00 *	
--------------	--

\$16372.00	12
------------	----

\$13095.00 *	
--------------	--

\$14329.00 *	
--------------	--

\$14928.00 *	
--------------	--

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

340143	CATAWBA VALLEY MEDICAL CENTER	810 FAIRGROVE CHURCH RD
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340144	DAVIS REGIONAL MEDICAL CENTER	218 OLD MOCKSBVILLE RD PO BOX 1823
--------	-------------------------------	---------------------------------------

340144	DAVIS REGIONAL MEDICAL CENTER	218 OLD MOCKSBVILLE RD PO BOX 1823
--------	-------------------------------	---------------------------------------

340147	NASH GENERAL HOSPITAL	2460 CURTIS ELLIS DRIVE
--------	-----------------------	-------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HICKORY NC

STATESVILLE NC

STATESVILLE NC

ROCKY MOUNT NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28602

CATAWBA

8283263809

28687

IREDELL

7048730281

28687

IREDELL

7048730281

27804

NASH

2524438000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26570.00 \*

\$19204.00 \*

\$15375.00 \*

\$16537.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

340147	NASH GENERAL HOSPITAL	2460 CURTIS ELLIS DRIVE
--------	-----------------------	-------------------------

340147	NASH GENERAL HOSPITAL	2460 CURTIS ELLIS DRIVE
--------	-----------------------	-------------------------

340151	HALIFAX REGIONAL MEDICAL CENTER INC	250 SMITH CHURCH RD
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340151	HALIFAX REGIONAL MEDICAL CENTER INC	250 SMITH CHURCH RD
--------	--	---------------------

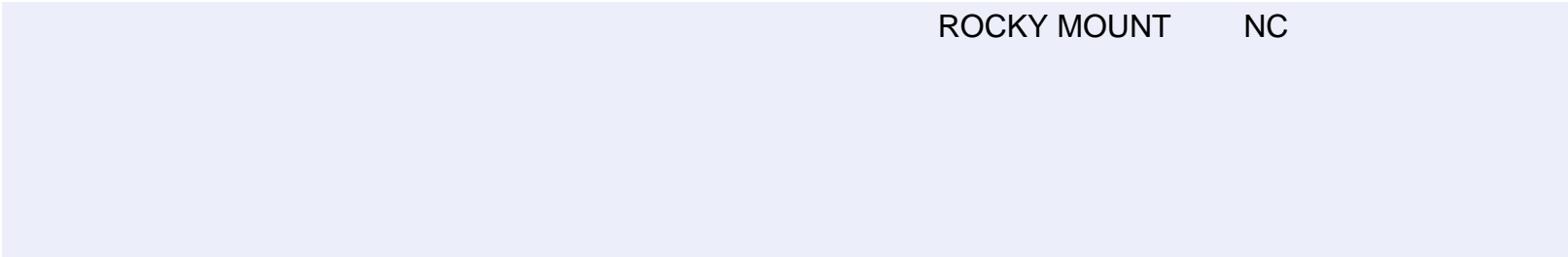
340151	HALIFAX REGIONAL MEDICAL	250 SMITH CHURCH RD
--------	--------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures



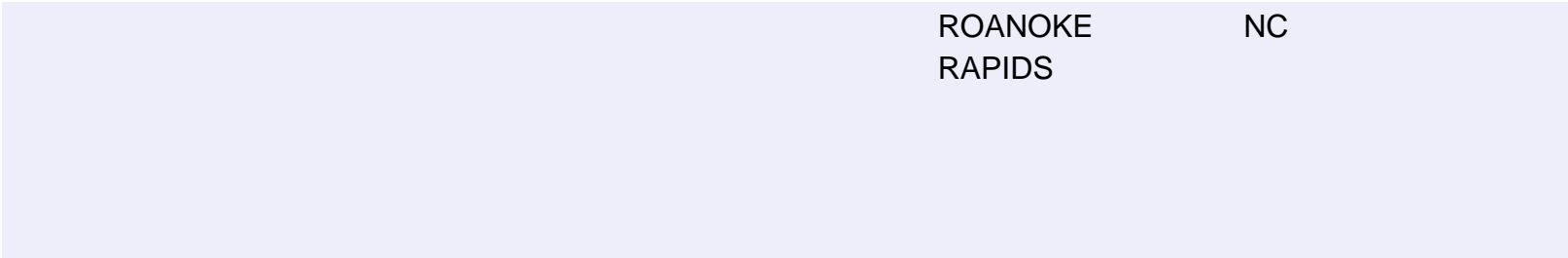
ROCKY MOUNT NC



ROCKY MOUNT NC



ROANOKE RAPIDS NC



ROANOKE RAPIDS NC



ROANOKE NC



# knee

Based on Hospital Medicare Payment And Volume Measures

27804	NASH	2524438000
27804	NASH	2524438000
27870	HALIFAX	2525358005
27870	HALIFAX	2525358005
27870	HALIFAX	2525358005

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$28639.00 *	
	\$15873.00 *	
	\$25659.00 *	
	\$17300.00 *	
	\$13837.00	18

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

	CENTER INC	
340153	PRESBYTERIAN-ORTHOPAEDIC HOSPITAL	1901 RANDOLPH RD
340153	PRESBYTERIAN-ORTHOPAEDIC HOSPITAL	1901 RANDOLPH RD
340153	PRESBYTERIAN-ORTHOPAEDIC HOSPITAL	1901 RANDOLPH RD
340155	DURHAM REGIONAL HOSPITAL	3643 N ROXBORO ROAD
340155	DURHAM REGIONAL HOSPITAL	3643 N ROXBORO ROAD
340155	DURHAM REGIONAL HOSPITAL	3643 N ROXBORO ROAD
340158	BRUNSWICK COMMUNITY HOSPITAL	1 MEDICAL CENTER DR PO BOX 139

# knee

Based on Hospital Medicare Payment And Volume Measures

RAPIDS  
CHARLOTTE NC

CHARLOTTE NC

CHARLOTTE NC

DURHAM NC

DURHAM NC

DURHAM NC

SUPPLY NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28207	MECKLENBURG	7043162000
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28207	MECKLENBURG	7043162000
-------	-------------	------------

28207	MECKLENBURG	7043162000
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27704	DURHAM	9196201078
-------	--------	------------

27704	DURHAM	9196201078
-------	--------	------------

27704	DURHAM	9196201078
-------	--------	------------

28462	BRUNSWICK	9107558121
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13211.00	54
	\$16516.00	85
	\$23173.00	29
	\$28242.00 *	
	\$15867.00	38
	\$15230.00 *	
	\$14219.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

340158	BRUNSWICK COMMUNITY HOSPITAL	1 MEDICAL CENTER DR PO BOX 139
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340159	PERSON MEMORIAL HOSPITAL	615 RIDGE RD
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340159	PERSON MEMORIAL HOSPITAL	615 RIDGE RD
--------	--------------------------	--------------

340160	MURPHY MEDICAL CENTER INC	3990 EAST US HIGHWAY 64 ALT
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340171	PRESBYTERIAN HOSPITAL	1500 MATTHEWS TWNSHP
--------	-----------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SUPPLY

NC

ROXBORO

NC

ROXBORO

NC

MURPHY

NC

MATTHEWS

NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28462

BRUNSWICK

9107558121

27573

PERSON

3365992121

27573

PERSON

3365992121

28906

CHEROKEE

8288378161

28106

MECKLENBURG

7043846500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20850.00 \*

\$18538.00 \*

\$14828.00 \*

\$17430.00 \*

\$17581.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

MATTHEWS

PRKWY BOX 3310

340183

PRESBYTERIAN HOSPITAL  
HUNTERSVILLE

10030 GILEAD ROAD

340183

PRESBYTERIAN HOSPITAL  
HUNTERSVILLE

10030 GILEAD ROAD

340184

HAYWOOD REGIONAL MEDICAL  
CENTER

262 LEROY GEORGE DRIVE

340184

HAYWOOD REGIONAL MEDICAL  
CENTER

262 LEROY GEORGE DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

HUNTERSVILLE NC

HUNTERSVILLE NC

CLYDE NC

CLYDE NC

# knee

Based on Hospital Medicare Payment And Volume Measures

28078

MECKLENBURG

7043164000

28078

MECKLENBURG

7043164000

28721

HAYWOOD

8284567311

28721

HAYWOOD

8284567311

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13211.00 \*

\$16516.00 \*

\$16923.00 \*

\$13827.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

350002	ST ALEXIUS MEDICAL CENTER	900 E BROADWAY
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350002	ST ALEXIUS MEDICAL CENTER	900 E BROADWAY
--------	---------------------------	----------------

350002	ST ALEXIUS MEDICAL CENTER	900 E BROADWAY
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350006	TRINITY HOSPITALS	407 3RD ST SE
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350006	TRINITY HOSPITALS	407 3RD ST SE
--------	-------------------	---------------

# knee

Based on Hospital Medicare Payment And Volume Measures

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BISMARCK ND

	BISMARCK	ND
--	----------	----

BISMARCK ND

	MINOT	ND
--	-------	----

MINOT ND



# knee

Based on Hospital Medicare Payment And Volume Measures

58501	BURLEIGH	7015307000
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58501	BURLEIGH	7015307000
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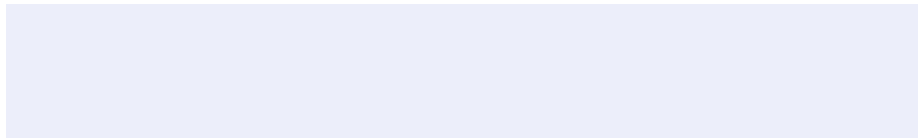
58501	BURLEIGH	7015307000
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58701	WARD	7018575000
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58701	WARD	7018575000
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# knee

Based on Hospital Medicare Payment And Volume Measures

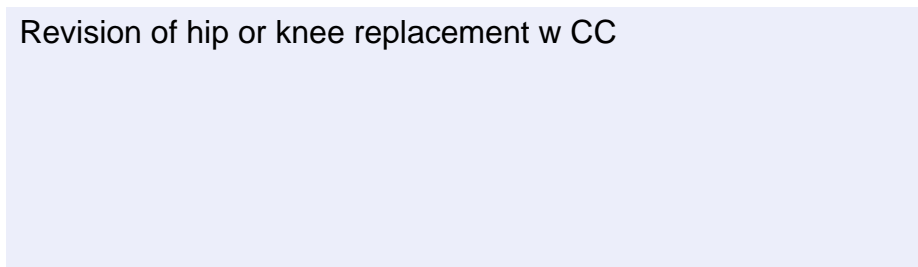


Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

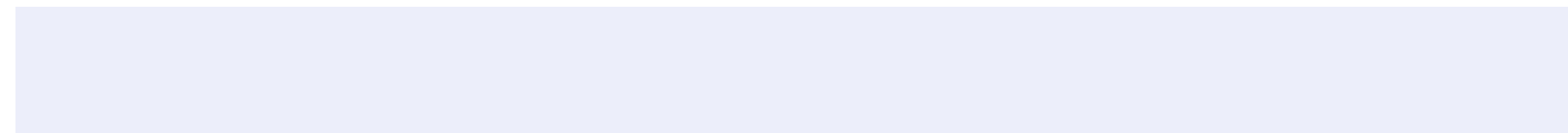
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



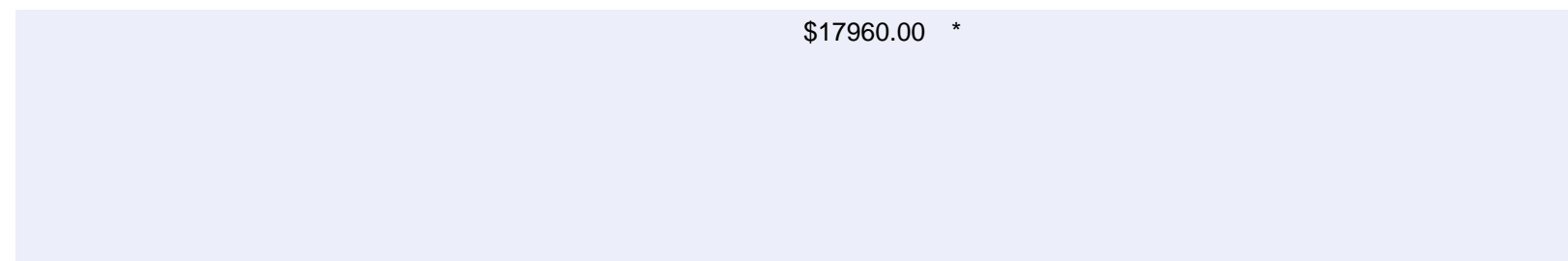
\$12223.00 \*



\$15280.00

14

\$18377.00 \*



\$17960.00 \*

\$14365.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

350011	SANFORD MEDICAL CENTER FARGO	801 BROADWAY NORTH
350011	SANFORD MEDICAL CENTER FARGO	801 BROADWAY NORTH
350011	SANFORD MEDICAL CENTER FARGO	801 BROADWAY NORTH

350015	MEDCENTER ONE	300 N 7TH ST
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350015	MEDCENTER ONE	300 N 7TH ST
--------	---------------	--------------

350019	ALTRU HOSPITAL	1200 S COLUMBIA RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

FARGO	ND
-------	----

FARGO	ND
-------	----

FARGO	ND
-------	----

BISMARCK	ND
----------	----

BISMARCK	ND
----------	----

GRAND FORKS	ND
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

58122	CASS	7012342000
58122	CASS	7012342000
58122	CASS	7012342000

58506	BURLEIGH	7013236000
58506	BURLEIGH	7013236000

58201	GRAND FORKS	7017805000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13357.00	21
------------	----

\$15712.00	40
------------	----

\$20144.00	*
------------	---

\$24651.00	*
------------	---

\$16620.00	*
------------	---

\$15096.00	*
------------	---

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

350019	ALTRU HOSPITAL	1200 S COLUMBIA RD
350019	ALTRU HOSPITAL	1200 S COLUMBIA RD
360001	MERCY HOSPITAL ANDERSON	7500 STATE ROAD
360001	MERCY HOSPITAL ANDERSON	7500 STATE ROAD
360001	MERCY HOSPITAL ANDERSON	7500 STATE ROAD
360002	SAMARITAN HOSPITAL - PEOPLES HOSPITAL	1025 CENTER ST
360002	SAMARITAN HOSPITAL - PEOPLES HOSPITAL	1025 CENTER ST

# knee

Based on Hospital Medicare Payment And Volume Measures

	GRAND FORKS	ND
	GRAND FORKS	ND
	CINCINNATI	OH
	CINCINNATI	OH
	CINCINNATI	OH
	ASHLAND	OH
	ASHLAND	OH

# knee

Based on Hospital Medicare Payment And Volume Measures

58201	GRAND FORKS	7017805000
58201	GRAND FORKS	7017805000
45255	HAMILTON	5136244501
45255	HAMILTON	5136244501
45255	HAMILTON	5136244501
44805	ASHLAND	4192890491
44805	ASHLAND	4192890491

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18874.00	21
	\$27994.00 *	
	\$13670.00	13
	\$20553.00 *	
	\$14242.00	13
	\$16219.00 *	
	\$24906.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

360002

SAMARITAN HOSPITAL - PEOPLES  
HOSPITAL

1025 CENTER ST

360003

UNIVERSITY HOSPITAL, INC

234 GOODMAN STREET

360003

UNIVERSITY HOSPITAL, INC

234 GOODMAN STREET

360003

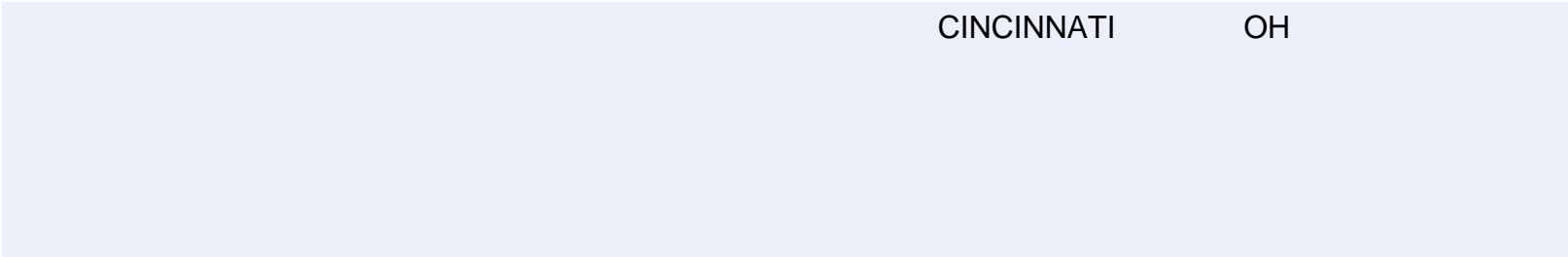
UNIVERSITY HOSPITAL, INC

234 GOODMAN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

ASHLAND OH



CINCINNATI OH



# knee

Based on Hospital Medicare Payment And Volume Measures

44805

ASHLAND

4192890491

45267

HAMILTON

5135841000

45267

HAMILTON

5135841000

45267

HAMILTON

5135841000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12973.00 \*

\$22139.00 \*

\$41125.00 \*

\$23106.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

360006	RIVERSIDE METHODIST HOSPITAL	3535 OLENTANGY RIVER RD
360006	RIVERSIDE METHODIST HOSPITAL	3535 OLENTANGY RIVER RD
360006	RIVERSIDE METHODIST HOSPITAL	3535 OLENTANGY RIVER RD
360008	SOUTHERN OHIO MEDICAL CENTER	1805 27TH STREET
360008	SOUTHERN OHIO MEDICAL CENTER	1805 27TH STREET
360008	SOUTHERN OHIO MEDICAL CENTER	1805 27TH STREET
360009	LIMA MEMORIAL HEALTH SYSTEM	1001 BELLEFONTAINE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

	COLUMBUS	OH
	COLUMBUS	OH
	COLUMBUS	OH
	PORTSMOUTH	OH
	PORTSMOUTH	OH
	PORTSMOUTH	OH
	LIMA	OH



# knee

Based on Hospital Medicare Payment And Volume Measures

43214	FRANKLIN	6145665000
43214	FRANKLIN	6145665000
43214	FRANKLIN	6145665000
45662	SCIOTO	7403545000
45662	SCIOTO	7403545000
45662	SCIOTO	7403545000
45804	ALLEN	4199984731

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15474.00	75
	\$22077.00 *	
	\$12377.00	11
	\$14618.00 *	
	\$20147.00 *	
	\$18210.00	17
	\$14062.00	16

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360009	LIMA MEMORIAL HEALTH SYSTEM	1001 BELLEFONTAINE AVENUE
360009	LIMA MEMORIAL HEALTH SYSTEM	1001 BELLEFONTAINE AVENUE
360010	UNION HOSPITAL	659 BOULEVARD
360011	MARION GENERAL HOSPITAL	1000 MCKINLEY PARK DRIVE
360011	MARION GENERAL HOSPITAL	1000 MCKINLEY PARK DRIVE
360011	MARION GENERAL HOSPITAL	1000 MCKINLEY PARK DRIVE
360012	MOUNT CARMEL ST ANN'S HOSPITAL	500 SOUTH CLEVELAND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

LIMA	OH
------	----

LIMA	OH
------	----

DOVER	OH
-------	----

MARION	OH
--------	----

MARION	OH
--------	----

MARION	OH
--------	----

WESTERVILLE	OH
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

45804	ALLEN	4199984731
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45804	ALLEN	4199984731
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44622	TUSCARAWAS	3303433311
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43302	MARION	7403838400
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43302	MARION	7403838400
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43302	MARION	7403838400
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43081	FRANKLIN	6145464533
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16875.00 *	
\$13469.00	17
\$7103.00 *	
\$24569.00 *	
\$17990.00	12
\$14390.00	13
\$8069.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

360012	MOUNT CARMEL ST ANN'S HOSPITAL	500 SOUTH CLEVELAND AVENUE
360012	MOUNT CARMEL ST ANN'S HOSPITAL	500 SOUTH CLEVELAND AVENUE
360013	WILSON MEMORIAL HOSPITAL	915 WEST MICHIGAN STREET
360014	O'BLENESS MEMORIAL HOSPITAL	55 HOSPITAL DRIVE
360016	JEWISH HOSPITAL, LLC	4777 EAST GALBRAITH ROAD
360016	JEWISH HOSPITAL, LLC	4777 EAST GALBRAITH ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

WESTERVILLE OH

WESTERVILLE OH

SIDNEY OH

ATHENS OH

CINCINNATI OH

CINCINNATI OH

# knee

Based on Hospital Medicare Payment And Volume Measures

43081	FRANKLIN	6145464533
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43081	FRANKLIN	6145464533
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45365	SHELBY	9374985418
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45701	ATHENS	7405935551
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45236	HAMILTON	5136863003
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45236	HAMILTON	5136863003
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15271.00	30
	\$12739.00	14
	\$13680.00 *	
	\$25671.00 *	
	\$27055.00 *	
	\$1624.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

360016	JEWISH HOSPITAL, LLC	4777 EAST GALBRAITH ROAD
360017	GRANT MEDICAL CENTER	111 SOUTH GRANT AVENUE
360017	GRANT MEDICAL CENTER	111 SOUTH GRANT AVENUE
360017	GRANT MEDICAL CENTER	111 SOUTH GRANT AVENUE
360019	SUMMA BARBERTON HOSPITAL	155 5TH STREET N E
360020	SUMMA HEALTH SYSTEMS HOSPITALS	525 EAST MARKET STREET
360020	SUMMA HEALTH SYSTEMS HOSPITALS	525 EAST MARKET STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

CINCINNATI	OH
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COLUMBUS	OH
----------	----

COLUMBUS	OH
----------	----

COLUMBUS	OH
----------	----

BARBERTON	OH
-----------	----

AKRON	OH
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AKRON	OH
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# knee

Based on Hospital Medicare Payment And Volume Measures

45236	HAMILTON	5136863003
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43215	FRANKLIN	6145669978
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43215	FRANKLIN	6145669978
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43215	FRANKLIN	6145669978
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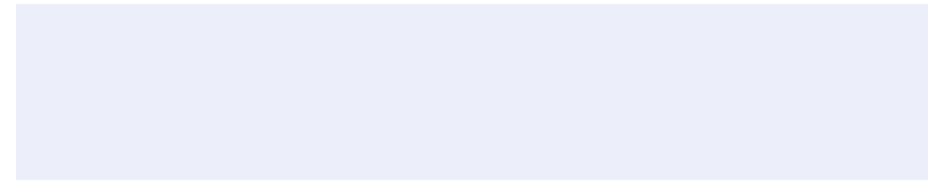
44203	SUMMIT	3306153000
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44309	SUMMIT	3303753000
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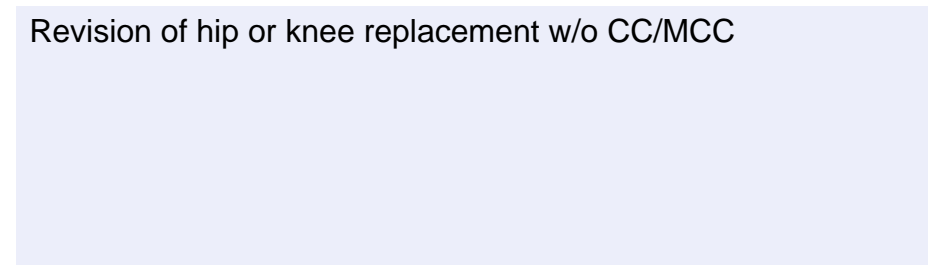
44309	SUMMIT	3303753000
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# knee

Based on Hospital Medicare Payment And Volume Measures



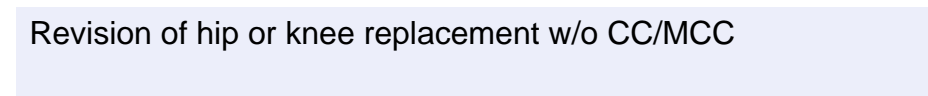
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$12193.00	18
	\$9536.00 *	
	\$21679.00	55
	\$26494.00	19
	\$43271.00 *	
	\$13509.00	26
	\$29247.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

360020	SUMMA HEALTH SYSTEMS HOSPITALS	525 EAST MARKET STREET
360025	FIRELANDS REGIONAL MEDICAL CENTER	1111 HAYES AVENUE
360025	FIRELANDS REGIONAL MEDICAL CENTER	1111 HAYES AVENUE
360026	GREENE MEMORIAL HOSPITAL	1141 NORTH MONROE DRIVE
360026	GREENE MEMORIAL HOSPITAL	1141 NORTH MONROE DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

AKRON OH

SANDUSKY OH

SANDUSKY OH

XENIA OH

XENIA OH



# knee

Based on Hospital Medicare Payment And Volume Measures

44309	SUMMIT	3303753000
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44870	ERIE	4195577400
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44870	ERIE	4195577400
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45385	GREENE	9373522000
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45385	GREENE	9373522000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18577.00

24

\$14919.00 \*

\$13221.00 \*

\$130.00 \*

\$135.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

360027	AKRON GENERAL MEDICAL CENTER	400 WABASH AVENUE
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360027	AKRON GENERAL MEDICAL CENTER	400 WABASH AVENUE
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360027	AKRON GENERAL MEDICAL CENTER	400 WABASH AVENUE
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360029	WOOD COUNTY HOSPITAL	950 WEST WOOSTER STREET
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360029	WOOD COUNTY HOSPITAL	950 WEST WOOSTER STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

AKRON

OH

AKRON

OH

AKRON

OH

BOWLING GREEN

OH

BOWLING GREEN

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44307	SUMMIT	3303446000
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44307	SUMMIT	3303446000
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44307	SUMMIT	3303446000
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43402	WOOD	4193548900
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43402	WOOD	4193548900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18677.00

15

\$28159.00 \*

\$15042.00 \*

\$7187.00 \*

\$16202.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

360032	JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL	200 SAINT CLAIR STREET
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360035	MOUNT CARMEL HEALTH	793 WEST STATE STREET
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360035	MOUNT CARMEL HEALTH	793 WEST STATE STREET
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360035	MOUNT CARMEL HEALTH	793 WEST STATE STREET
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360036	WOOSTER COMMUNITY HOSPITAL	1761 BEALL AVENUE
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360037	ST VINCENT CHARITY MEDICAL CENTER	2351 EAST 22ND STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT MARYS OH

COLUMBUS OH

COLUMBUS OH

COLUMBUS OH

WOOSTER OH

CLEVELAND OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45885	AUGLAIZE	4193943335
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43222	FRANKLIN	6145464533
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43222	FRANKLIN	6145464533
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43222	FRANKLIN	6145464533
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44691	WAYNE	3302638100
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44115	CUYAHOGA	2168616200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16593.00 \*

\$7819.00 \*

\$15179.00

74

\$1364.00

13

\$16901.00 \*

\$18030.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

360037	ST VINCENT CHARITY MEDICAL CENTER	2351 EAST 22ND STREET
360037	ST VINCENT CHARITY MEDICAL CENTER	2351 EAST 22ND STREET
360038	DEACONESS HOSPITAL	311 STRAIGHT STREET
360038	DEACONESS HOSPITAL	311 STRAIGHT STREET
360039	GENESIS HEALTHCARE SYSTEM	2951 MAPLE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CLEVELAND OH

CLEVELAND OH

CINCINNATI OH

CINCINNATI OH

ZANESVILLE OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44115	CUYAHOGA	2168616200
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44115	CUYAHOGA	2168616200
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45219	HAMILTON	5135592100
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45219	HAMILTON	5135592100
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43701	MUSKINGUM	7404545000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18784.00	19
	\$32530.00 *	
	\$13806.00 *	
	\$13252.00 *	
	\$12194.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

360039	GENESIS HEALTHCARE SYSTEM	2951 MAPLE AVENUE
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360039	GENESIS HEALTHCARE SYSTEM	2951 MAPLE AVENUE
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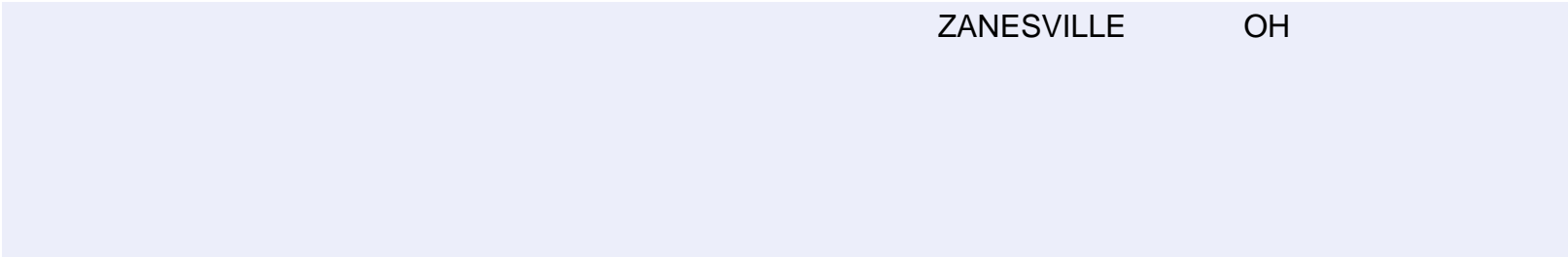
360040	KNOX COMMUNITY HOSPITAL	1330 COSHOCTON ROAD
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360040	KNOX COMMUNITY HOSPITAL	1330 COSHOCTON ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

ZANESVILLE OH



MOUNT VERNON OH





# knee

Based on Hospital Medicare Payment And Volume Measures

43701

MUSKINGUM

7404545000

43701

MUSKINGUM

7404545000

43050

KNOX

7403939000

43050

KNOX

7403939000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15244.00 \*

\$27133.00 \*

\$18097.00 \*

\$13975.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360041	PARMA COMMUNITY GENERAL HOSPITAL	7007 POWERS BOULEVARD
360041	PARMA COMMUNITY GENERAL HOSPITAL	7007 POWERS BOULEVARD
360041	PARMA COMMUNITY GENERAL HOSPITAL	7007 POWERS BOULEVARD
360044	WAYNE HOSPITAL	835 SWEITZER STREET
360048	UNIVERSITY OF TOLEDO MEDICAL CENTER	3000 ARLINGTON AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

PARMA

OH

PARMA

OH

PARMA

OH

GREENVILLE

OH

TOLEDO

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44129	CUYAHOGA	4407433000
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44129	CUYAHOGA	4407433000
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44129	CUYAHOGA	4407433000
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45331	DARKE	9375475926
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43699	LUCAS	4193833413
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$12974.00 \*

\$14869.00 \*



\$18335.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360048	UNIVERSITY OF TOLEDO MEDICAL CENTER	3000 ARLINGTON AVENUE
360048	UNIVERSITY OF TOLEDO MEDICAL CENTER	3000 ARLINGTON AVENUE
360051	MIAMI VALLEY HOSPITAL	ONE WYOMING STREET
360051	MIAMI VALLEY HOSPITAL	ONE WYOMING STREET
360051	MIAMI VALLEY HOSPITAL	ONE WYOMING STREET
360052	GOOD SAMARITAN HOSPITAL	2222 PHILADELPHIA DRIVE
360052	GOOD SAMARITAN HOSPITAL	2222 PHILADELPHIA DRIVE
360052	GOOD SAMARITAN HOSPITAL	2222 PHILADELPHIA DRIVE
360054	HOLZER MEDICAL CENTER	100 JACKSON PIKE

# knee

Based on Hospital Medicare Payment And Volume Measures

TOLEDO OH

TOLEDO OH

DAYTON OH

DAYTON OH

DAYTON OH

DAYTON OH

DAYTON OH

DAYTON OH

GALLIPOLIS OH

# knee

Based on Hospital Medicare Payment And Volume Measures

43699	LUCAS	4193833413
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43699	LUCAS	4193833413
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45409	MONTGOMERY	9372088000
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45409	MONTGOMERY	9372088000
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45409	MONTGOMERY	9372088000
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45406	MONTGOMERY	9372782612
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45406	MONTGOMERY	9372782612
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45406	MONTGOMERY	9372782612
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45631	GALLIA	7404465000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19453.00	20
	\$18552.00	16
	\$15941.00	17
	\$16721.00	15
	\$29560.00 *	
	\$26643.00	19
	\$11971.00	58
	\$10640.00 *	
	\$14235.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

360054	HOLZER MEDICAL CENTER	100 JACKSON PIKE
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360055	TRUMBULL MEMORIAL HOSPITAL	1350 EAST MARKET STREET
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360055	TRUMBULL MEMORIAL HOSPITAL	1350 EAST MARKET STREET
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360056	MERCY HOSPITAL FAIRFIELD	3000 MACK ROAD
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360056	MERCY HOSPITAL FAIRFIELD	3000 MACK ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

GALLIPOLIS

OH

WARREN

OH

WARREN

OH

FAIRFIELD

OH

FAIRFIELD

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45631	GALLIA	7404465000
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44482	TRUMBULL	3308419820
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44482	TRUMBULL	3308419820
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45014	BUTLER	5138707197
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45014	BUTLER	5138707197
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17797.00 \*

\$20479.00 \*

\$13112.00 \*

\$13254.00

11

\$10476.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360056	MERCY HOSPITAL FAIRFIELD	3000 MACK ROAD
360058	MERCER COUNTY JOINT TOWNSHIP COMMUNITY HOSPITAL	800 WEST MAIN STREET
360059	METRO HEALTH MEDICAL CENTER	2500 METROHEALTH DRIVE
360059	METRO HEALTH MEDICAL CENTER	2500 METROHEALTH DRIVE
360059	METRO HEALTH MEDICAL CENTER	2500 METROHEALTH DRIVE
360064	ST ELIZABETH HEALTH CENTER	1044 BELMONT AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

FAIRFIELD OH

COLDWATER OH

CLEVELAND OH

CLEVELAND OH

CLEVELAND OH

YOUNGSTOWN OH



# knee

Based on Hospital Medicare Payment And Volume Measures

45014	BUTLER	5138707197
45828	MERCER	4196784843

44109	CUYAHOGA	2167785700
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44109	CUYAHOGA	2167785700
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44109	CUYAHOGA	2167785700
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44501	MAHONING	3307467211
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13813.00	19
	\$12386.00 *	
	\$22349.00 *	
	\$11114.00 *	
	\$32934.00 *	
	\$21808.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360064	ST ELIZABETH HEALTH CENTER	1044 BELMONT AVENUE
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360064	ST ELIZABETH HEALTH CENTER	1044 BELMONT AVENUE
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360065	FISHER TITUS MEMORIAL HOSPITAL	272 BENEDICT AVENUE
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360065	FISHER TITUS MEMORIAL HOSPITAL	272 BENEDICT AVENUE
--------	--------------------------------	---------------------

360065	FISHER TITUS MEMORIAL HOSPITAL	272 BENEDICT AVENUE
--------	--------------------------------	---------------------

360066	ST RITA'S MEDICAL CENTER	730 WEST MARKET STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

YOUNGSTOWN OH

YOUNGSTOWN OH

NORWALK OH

NORWALK OH

NORWALK OH

LIMA OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44501	MAHONING	3307467211
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44501	MAHONING	3307467211
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44857	HURON	4196688101
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44857	HURON	4196688101
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44857	HURON	4196688101
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45801	ALLEN	4192273361
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18103.00 13

\$14505.00 \*

\$13799.00 \*

\$15814.00 16

\$23675.00 \*

\$25704.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360066	ST RITA'S MEDICAL CENTER	730 WEST MARKET STREET
360066	ST RITA'S MEDICAL CENTER	730 WEST MARKET STREET
360068	TOLEDO HOSPITAL THE	2142 NORTH COVE BOULEVARD
360068	TOLEDO HOSPITAL THE	2142 NORTH COVE BOULEVARD
360068	TOLEDO HOSPITAL THE	2142 NORTH COVE BOULEVARD
360070	MERCY MEDICAL CENTER	1320 MERCY DRIVE NW
360070	MERCY MEDICAL CENTER	1320 MERCY DRIVE NW
360070	MERCY MEDICAL CENTER	1320 MERCY DRIVE NW

# knee

Based on Hospital Medicare Payment And Volume Measures

	LIMA	OH
	LIMA	OH
	TOLEDO	OH
	TOLEDO	OH
	TOLEDO	OH
	CANTON	OH
	CANTON	OH
	CANTON	OH

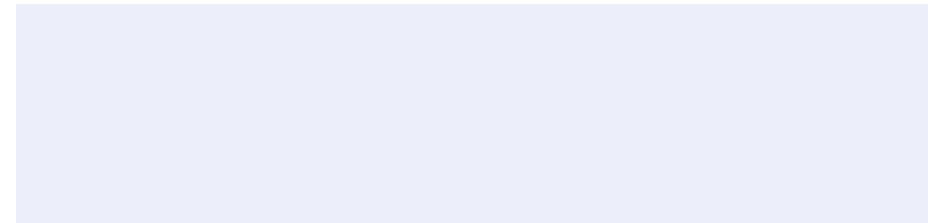
# knee

Based on Hospital Medicare Payment And Volume Measures

45801	ALLEN	4192273361
45801	ALLEN	4192273361
43606	LUCAS	4192917463
43606	LUCAS	4192917463
43606	LUCAS	4192917463
44708	STARK	3304891008
44708	STARK	3304891008
44708	STARK	3304891008

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC

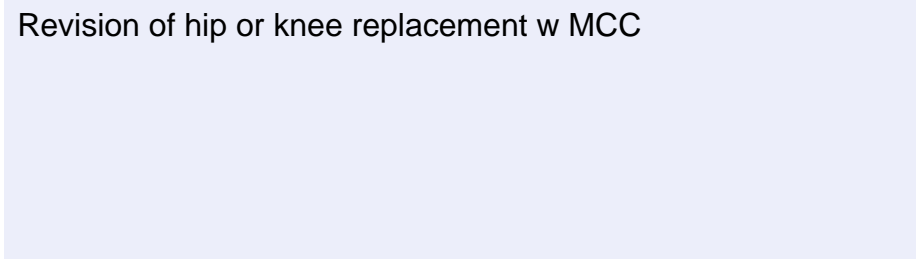
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17330.00	15
	\$15085.00	12
	\$15194.00	23
	\$16090.00	24
	\$15480.00 *	
	\$15766.00 *	
	\$17454.00	15
	\$440.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360072	FAIRFIELD MEDICAL CENTER	401 NORTH EWING STREET
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360072	FAIRFIELD MEDICAL CENTER	401 NORTH EWING STREET
--------	--------------------------	------------------------

360072	FAIRFIELD MEDICAL CENTER	401 NORTH EWING STREET
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360074	FLOWER HOSPITAL	5200 HARROUN ROAD
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360074	FLOWER HOSPITAL	5200 HARROUN ROAD
--------	-----------------	-------------------

knee

Based on Hospital Medicare Payment And Volume Measures

LANCASTER                      OH

LANCASTER OH

LANCASTER OH

SYLVANIA OH

SYLVANIA OH

# knee

Based on Hospital Medicare Payment And Volume Measures

43130	FAIRFIELD	7406878009
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43130	FAIRFIELD	7406878009
-------	-----------	------------

43130	FAIRFIELD	7406878009
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43560	LUCAS	4198241444
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43560	LUCAS	4198241444
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14213.00	14
	\$19686.00 *	
	\$26355.00 *	
	\$21493.00 *	
	\$17562.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360074	FLOWER HOSPITAL	5200 HARROUN ROAD
360075	UHHS RICHMOND HEIGHTS HOSPITAL	27100 CHARDON ROAD
360076	ATRIUM MEDICAL CENTER	ONE MEDICAL CENTER DRIVE
360076	ATRIUM MEDICAL CENTER	ONE MEDICAL CENTER DRIVE
360076	ATRIUM MEDICAL CENTER	ONE MEDICAL CENTER DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SYLVANIA OH

RICHMOND  
HEIGHTS OH

FRANKLIN OH

FRANKLIN OH

FRANKLIN OH



# knee

Based on Hospital Medicare Payment And Volume Measures

43560	LUCAS	4198241444
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44143	CUYAHOGA	4405856170
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45005	WARREN	5134242111
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45005	WARREN	5134242111
-------	--------	------------

45005	WARREN	5134242111
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14048.00

17

\$20150.00 \*

\$25680.00 \*

\$17313.00 \*

\$13783.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

360077

FAIRVIEW HOSPITAL

18101 LORAIN AVENUE

360077

FAIRVIEW HOSPITAL

18101 LORAIN AVENUE

360077

FAIRVIEW HOSPITAL

18101 LORAIN AVENUE

360078

ROBINSON MEMORIAL HOSPITAL

6847 N CHESTNUT

# knee

Based on Hospital Medicare Payment And Volume Measures

CLEVELAND

OH

CLEVELAND

OH

CLEVELAND

OH

RAVENNA

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44111

CUYAHOGA

2164767000

44111

CUYAHOGA

2164767000

44111

CUYAHOGA

2164767000

44266

PORTAGE

3302972300

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14713.00 \*

\$18362.00 \*

\$22133.00 \*

\$16844.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

360078	ROBINSON MEMORIAL HOSPITAL	6847 N CHESTNUT
360079	KETTERING MEDICAL CENTER	3535 SOUTHERN BOULEVARD
360079	KETTERING MEDICAL CENTER	3535 SOUTHERN BOULEVARD
360079	KETTERING MEDICAL CENTER	3535 SOUTHERN BOULEVARD
360080	EAST OHIO REGIONAL HOSPITAL	90 NORTH FOURTH STREET
360081	MERCY ST CHARLES HOSPITAL	2600 NAVARRE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

RAVENNA	OH
---------	----

KETTERING	OH
-----------	----

KETTERING	OH
-----------	----

KETTERING	OH
-----------	----

MARTINS FERRY	OH
---------------	----

OREGON	OH
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

44266	PORTAGE	3302972300
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45429	MONTGOMERY	9373958311
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45429	MONTGOMERY	9373958311
-------	------------	------------

45429	MONTGOMERY	9373958311
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43935	BELMONT	7406334151
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43616	LUCAS	4196967200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$6851.00 \*

\$14073.00

16

\$17594.00

34

\$26096.00 \*

\$13837.00 \*

\$14785.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360081	MERCY ST CHARLES HOSPITAL	2600 NAVARRE AVENUE
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360081	MERCY ST CHARLES HOSPITAL	2600 NAVARRE AVENUE
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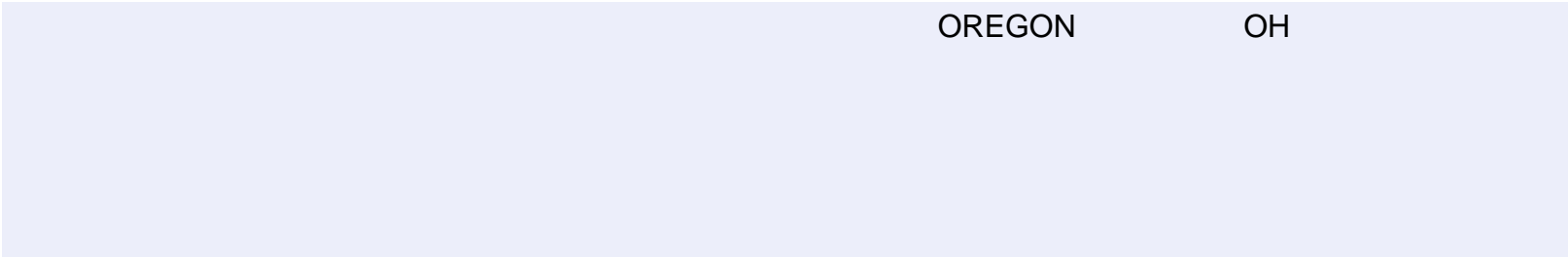
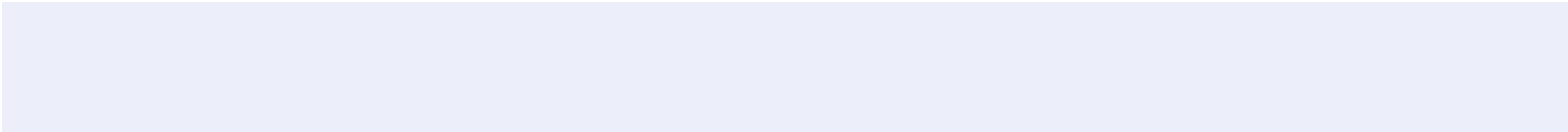
360082	EUCLID HOSPITAL	18901 LAKE SHORE BOULEVARD
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360082	EUCLID HOSPITAL	18901 LAKE SHORE BOULEVARD
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360082	EUCLID HOSPITAL	18901 LAKE SHORE BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

43616	LUCAS	4196967200
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43616	LUCAS	4196967200
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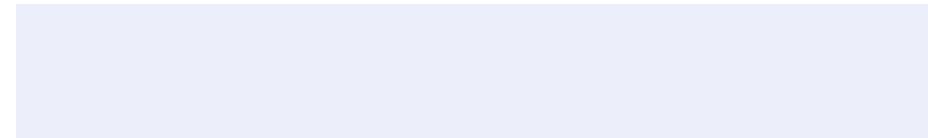
44119	CUYAHOGA	2165319000
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44119	CUYAHOGA	2165319000
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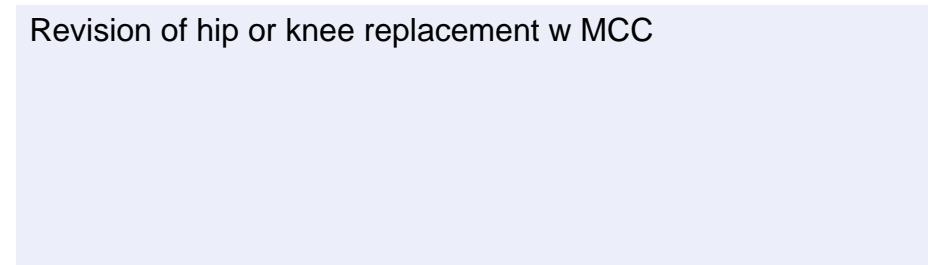
44119	CUYAHOGA	2165319000
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# knee

Based on Hospital Medicare Payment And Volume Measures

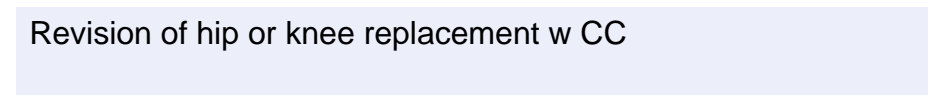


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

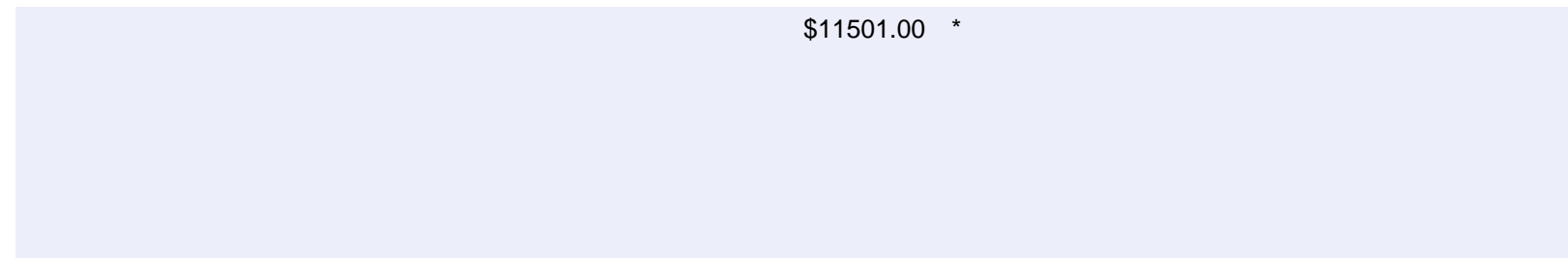
Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$18485.00 \*



\$11501.00 \*



\$13401.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360084	AULTMAN HOSPITAL	2600 SIXTH STREET SW
360084	AULTMAN HOSPITAL	2600 SIXTH STREET SW
360084	AULTMAN HOSPITAL	2600 SIXTH STREET SW

360085	OHIO STATE UNIVERSITY HOSPITALS	410 WEST 10TH AVENUE
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360085	OHIO STATE UNIVERSITY HOSPITALS	410 WEST 10TH AVENUE
--------	------------------------------------	----------------------

360085	OHIO STATE UNIVERSITY HOSPITALS	410 WEST 10TH AVENUE
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360086	SPRINGFIELD REGIONAL MEDICAL	2615 EAST HIGH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

CANTON OH

CANTON OH

CANTON OH

COLUMBUS OH

COLUMBUS OH

COLUMBUS OH

SPRINGFIELD OH



# knee

Based on Hospital Medicare Payment And Volume Measures

44710	STARK	3304529911
44710	STARK	3304529911
44710	STARK	3304529911

43210	FRANKLIN	6142939700
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43210	FRANKLIN	6142939700
-------	----------	------------

43210	FRANKLIN	6142939700
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45505	CLARK	9373250531
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13965.00	15
	\$14549.00	27
	\$1234.00 *	
	\$27827.00 *	
	\$21211.00	14
	\$18508.00 *	
	\$13997.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

360086	SPRINGFIELD REGIONAL MEDICAL CENTER	2615 EAST HIGH STREET
360086	SPRINGFIELD REGIONAL MEDICAL CENTER	2615 EAST HIGH STREET
360086	SPRINGFIELD REGIONAL MEDICAL CENTER	2615 EAST HIGH STREET
360087	LUTHERAN HOSPITAL	1730 WEST 25TH STREET
360087	LUTHERAN HOSPITAL	1730 WEST 25TH STREET
360087	LUTHERAN HOSPITAL	1730 WEST 25TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

SPRINGFIELD OH

SPRINGFIELD OH

SPRINGFIELD OH

CLEVELAND OH

CLEVELAND OH

CLEVELAND OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45505	CLARK	9373250531
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45505	CLARK	9373250531
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45505	CLARK	9373250531
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44113	CUYAHOGA	2166964300
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44113	CUYAHOGA	2166964300
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44113	CUYAHOGA	2166964300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17499.00 \*

\$26171.00 \*

\$23367.00 \*

\$19473.00

32

\$15576.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360089	MERCY TIFFIN HOSPITAL	45 ST LAWRENCE DRIVE
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360089	MERCY TIFFIN HOSPITAL	45 ST LAWRENCE DRIVE
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360090	ST LUKE'S HOSPITAL	5901 MONCLOVA ROAD
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360090	ST LUKE'S HOSPITAL	5901 MONCLOVA ROAD
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360095	BLANCHARD VALLEY HOSPITAL	1900 SOUTH MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

TIFFIN

OH

TIFFIN

OH

MAUMEE

OH

MAUMEE

OH

FINDLAY

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44883	SENECA	4194557000
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44883	SENECA	4194557000
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43537	LUCAS	4198935900
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43537	LUCAS	4198935900
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45840	HANCOCK	4194234500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

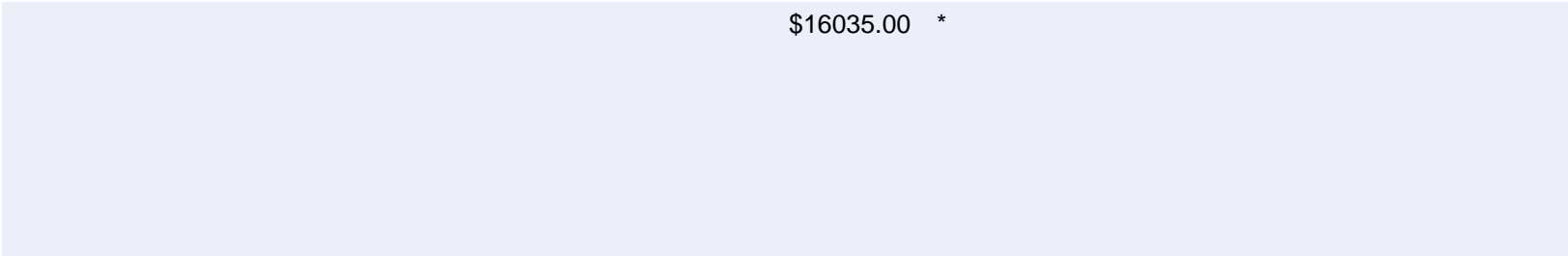
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12798.00 \*



\$16531.00 11



\$12960.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360095

BLANCHARD VALLEY HOSPITAL

1900 SOUTH MAIN STREET

360098

LAKE HEALTH

7590 AUBURN ROAD

360098

LAKE HEALTH

7590 AUBURN ROAD

360098

LAKE HEALTH

7590 AUBURN ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

FINDLAY

OH

CONCORD

OH

CONCORD

OH

CONCORD

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45840

HANCOCK

4194234500

44077

LAKE

4409539600

44077

LAKE

4409539600

44077

LAKE

4409539600

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16202.00 \*

\$12989.00 \*

\$13019.00 \*

\$14886.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360101	HURON HOSPITAL	13951 TERRACE ROAD
360112	MERCY ST VINCENT MEDICAL CENTER	2213 CHERRY STREET
360112	MERCY ST VINCENT MEDICAL CENTER	2213 CHERRY STREET
360112	MERCY ST VINCENT MEDICAL CENTER	2213 CHERRY STREET
360113	MERCY FRANCISCAN HOSPITAL WESTERN HILLS	3131 QUEEN CITY AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CLEVELAND OH

TOLEDO OH

TOLEDO OH

TOLEDO OH

CINCINNATI OH



# knee

Based on Hospital Medicare Payment And Volume Measures

44112	CUYAHOGA	2167613300
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43608	LUCAS	4192513232
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43608	LUCAS	4192513232
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43608	LUCAS	4192513232
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45238	HAMILTON	5133895915
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$24036.00 \*



\$17708.00 \*

\$22138.00 12



\$22925.00 \*

\$24570.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360113	MERCY FRANCISCAN HOSPITAL WESTERN HILLS	3131 QUEEN CITY AVENUE
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360113	MERCY FRANCISCAN HOSPITAL WESTERN HILLS	3131 QUEEN CITY AVENUE
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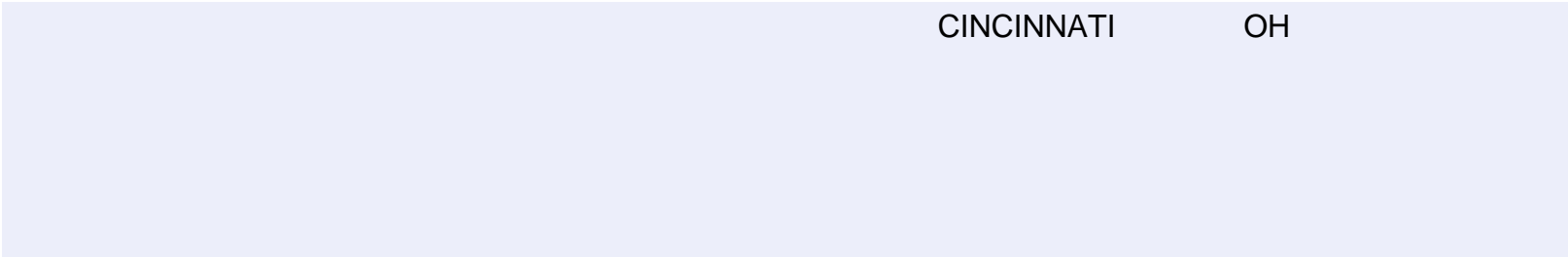
360115	UHHS BEDFORD MEDICAL CENTER	44 BLAINE AVENUE
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360118	MEDCENTRAL HEALTH SYSTEM	335 GLESSNER AVENUE
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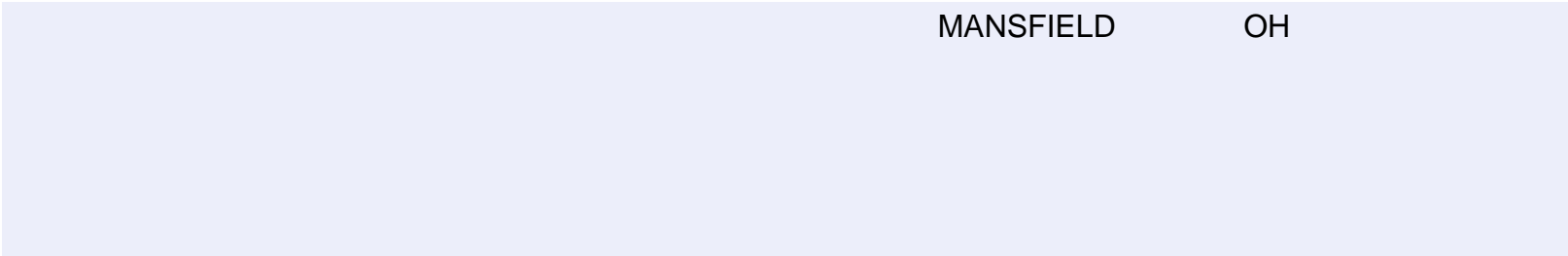
# knee

Based on Hospital Medicare Payment And Volume Measures

CINCINNATI OH



BEDFORD OH



# knee

Based on Hospital Medicare Payment And Volume Measures

45238

HAMILTON

5133895915

45238

HAMILTON

5133895915

44146

CUYAHOGA

4407353628

44903

RICHLAND

4195268000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15432.00 \*

\$13250.00 \*

\$3.00 \*

\$12496.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360118	MEDCENTRAL HEALTH SYSTEM	335 GLESSNER AVENUE
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360118	MEDCENTRAL HEALTH SYSTEM	335 GLESSNER AVENUE
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360121	COMMUNITY HOSPITALS AND WELLNESS CENTERS	433 WEST HIGH STREET
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360121	COMMUNITY HOSPITALS AND WELLNESS CENTERS	433 WEST HIGH STREET
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360123	ST JOHN MEDICAL CENTER	29000 CENTER RIDGE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

MANSFIELD OH

MANSFIELD OH

BRYAN OH

BRYAN OH

WESTLAKE OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44903	RICHLAND	4195268000
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44903	RICHLAND	4195268000
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43506	WILLIAMS	4196361131
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43506	WILLIAMS	4196361131
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44145	CUYAHOGA	4408358000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20495.00 \*

\$17042.00 \*

\$16202.00 \*

\$24031.00 \*

\$14259.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360123

ST JOHN MEDICAL CENTER

29000 CENTER RIDGE ROAD

360125

ASHTABULA COUNTY MEDICAL  
CENTER

2420 LAKE AVENUE

360125

ASHTABULA COUNTY MEDICAL  
CENTER

2420 LAKE AVENUE

360130

AMHERST HOSPITAL

254 CLEVELAND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

WESTLAKE

OH

ASHTABULA

OH

ASHTABULA

OH

AMHERST

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44145

CUYAHOGA

4408358000

44004

ASHTABULA

4409972262

44004

ASHTABULA

4409972262

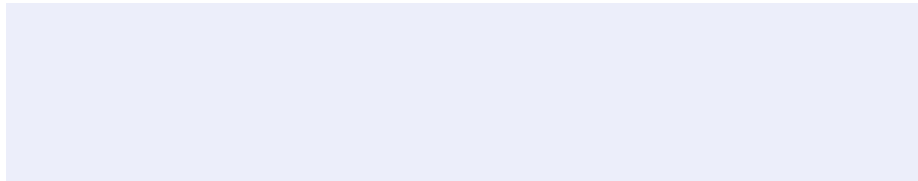
44001

LORAIN

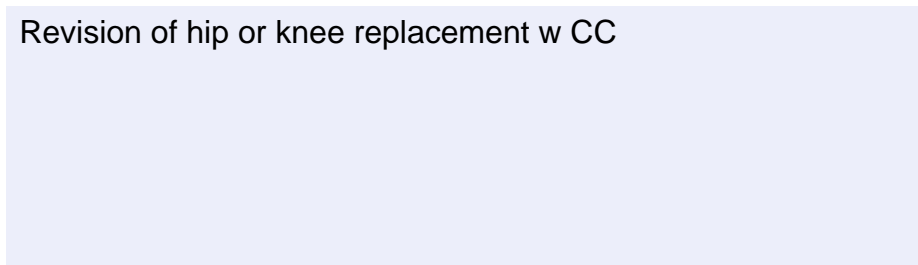
4409886000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17781.00 \*

\$16913.00 \*

\$22473.00 \*

\$12964.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360130

AMHERST HOSPITAL

254 CLEVELAND AVENUE

360130

AMHERST HOSPITAL

254 CLEVELAND AVENUE

360131

ALLIANCE COMMUNITY HOSPITAL

200 EAST STATE STREET

360131

ALLIANCE COMMUNITY HOSPITAL

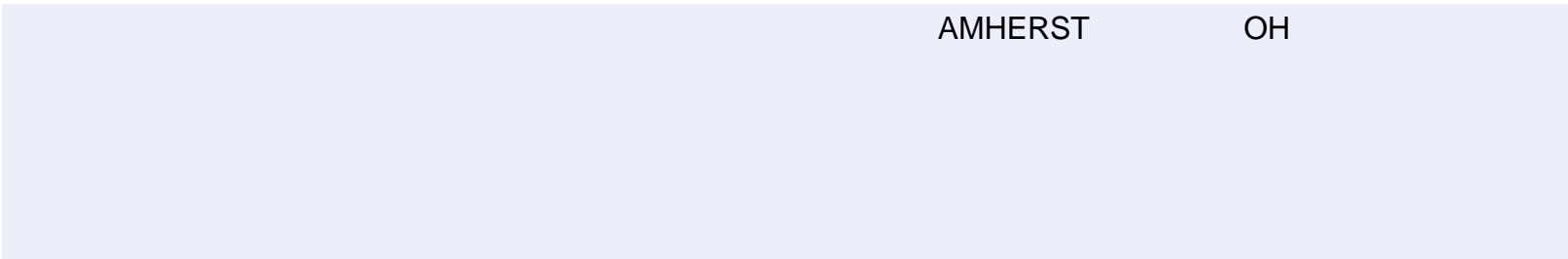
200 EAST STATE STREET

# knee

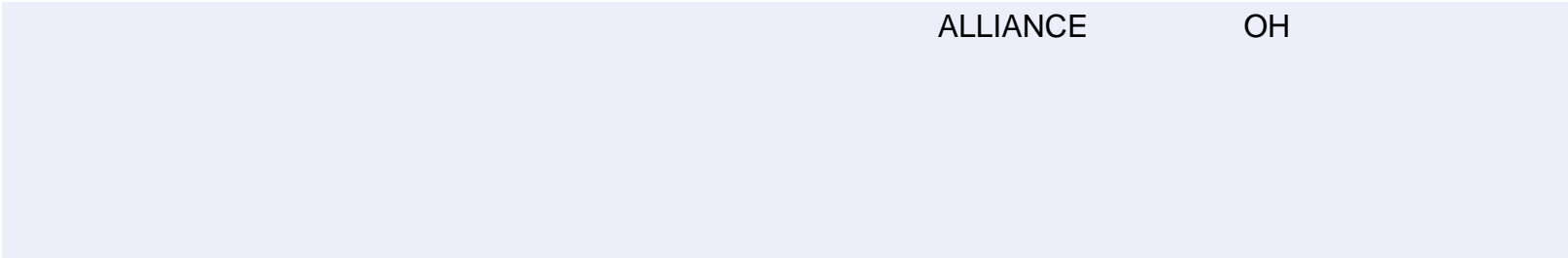
Based on Hospital Medicare Payment And Volume Measures



AMHERST OH



AMHERST OH



ALLIANCE OH



# knee

Based on Hospital Medicare Payment And Volume Measures

44001

LORAIN

4409886000

44001

LORAIN

4409886000

44601

STARK

3305967201

44601

STARK

3305967201

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24039.00 \*

\$16207.00 \*

\$278.00 \*

\$18092.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360131	ALLIANCE COMMUNITY HOSPITAL	200 EAST STATE STREET
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360132	FORT HAMILTON HUGHES MEMORIAL HOSPITAL	630 EATON AVENUE
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360132	FORT HAMILTON HUGHES MEMORIAL HOSPITAL	630 EATON AVENUE
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360132	FORT HAMILTON HUGHES MEMORIAL HOSPITAL	630 EATON AVENUE
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360133	GRANDVIEW HOSPITAL & MEDICAL CENTER	405 GRAND AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ALLIANCE OH

HAMILTON OH

HAMILTON OH

HAMILTON OH

DAYTON OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44601	STARK	3305967201
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45013	BUTLER	5138672124
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45013	BUTLER	5138672124
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45013	BUTLER	5138672124
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45405	MONTGOMERY	9377234988
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$282.00 \*

\$7720.00 \*

\$26753.00 \*

\$14973.00 \*

\$2324.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360133	GRANDVIEW HOSPITAL & MEDICAL CENTER	405 GRAND AVENUE
360133	GRANDVIEW HOSPITAL & MEDICAL CENTER	405 GRAND AVENUE
360134	GOOD SAMARITAN HOSPITAL	375 DIXMYTH AVENUE
360134	GOOD SAMARITAN HOSPITAL	375 DIXMYTH AVENUE
360134	GOOD SAMARITAN HOSPITAL	375 DIXMYTH AVENUE
360137	UNIVERSITY HOSPITALS OF CLEVELAND	11100 EUCLID AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

DAYTON

OH

DAYTON

OH

CINCINNATI

OH

CINCINNATI

OH

CINCINNATI

OH

CLEVELAND

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45405	MONTGOMERY	9377234988
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45405	MONTGOMERY	9377234988
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45220	HAMILTON	5138622601
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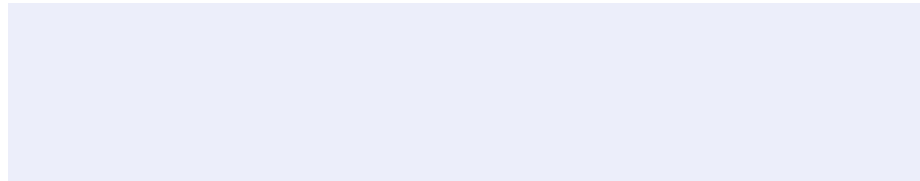
45220	HAMILTON	5138622601
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45220	HAMILTON	5138622601
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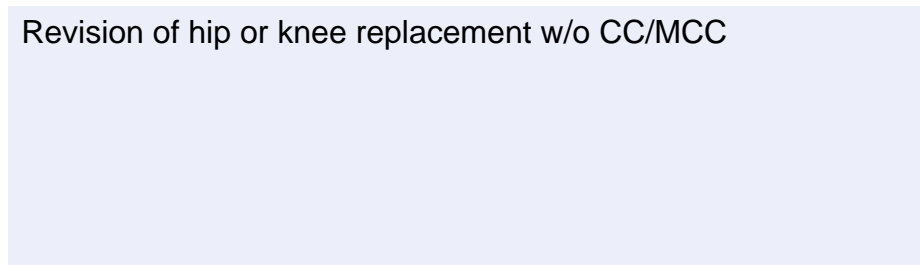
44106	CUYAHOGA	2168441000
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# knee

Based on Hospital Medicare Payment And Volume Measures



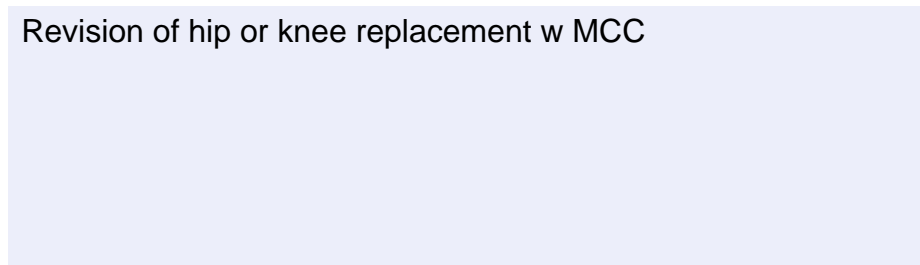
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

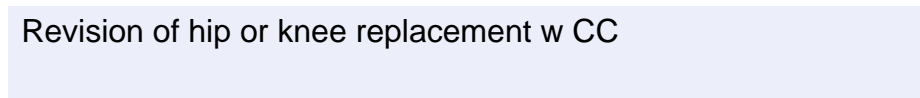
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



knee

Based on Hospital Medicare Payment And Volume Measures

\$34107.00 \*

\$9318.00 \*

\$16465.00

16

\$24591.00 \*

\$17154.00

39

\$20380.00

38

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360137	UNIVERSITY HOSPITALS OF CLEVELAND	11100 EUCLID AVENUE
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360137	UNIVERSITY HOSPITALS OF CLEVELAND	11100 EUCLID AVENUE
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360141	NORTHSIDE MEDICAL CENTER	500 GYPSY LANE
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360141	NORTHSIDE MEDICAL CENTER	500 GYPSY LANE
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360141	NORTHSIDE MEDICAL CENTER	500 GYPSY LANE
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360143	MARYMOUNT HOSPITAL	12300 MCCRACKEN ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

CLEVELAND OH

CLEVELAND OH

YOUNGSTOWN OH

YOUNGSTOWN OH

YOUNGSTOWN OH

GARFIELD OH  
HEIGHTS

# knee

Based on Hospital Medicare Payment And Volume Measures

44106	CUYAHOGA	2168441000
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44106	CUYAHOGA	2168441000
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44501	MAHONING	3308841000
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44501	MAHONING	3308841000
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44501	MAHONING	3308841000
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44125	CUYAHOGA	2165810500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$36273.00 \*

\$19562.00

18

\$15904.00 \*

\$35183.00 \*

\$17254.00

11

\$16238.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360143	MARYMOUNT HOSPITAL	12300 MCCracken ROAD
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360144	SOUTH POINTE HOSPITAL	20000 HARVARD ROAD
--------	-----------------------	--------------------

360144	SOUTH POINTE HOSPITAL	20000 HARVARD ROAD
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360145	EMH REGIONAL MEDICAL CENTER	630 EAST RIVER STREET
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360145	EMH REGIONAL MEDICAL CENTER	630 EAST RIVER STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

GARFIELD  
HEIGHTS

OH

WARRENSVILLE  
HEIGHTS

OH

WARRENSVILLE  
HEIGHTS

OH

ELYRIA  
ELYRIA

OH

OH



# knee

Based on Hospital Medicare Payment And Volume Measures

44125	CUYAHOGA	2165810500
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44122	CUYAHOGA	2164916000
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44122	CUYAHOGA	2164916000
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44035	LORAIN	4403297500
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44035	LORAIN	4403297500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24084.00 \*



\$18651.00 \*



\$20186.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360145	EMH REGIONAL MEDICAL CENTER	630 EAST RIVER STREET
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360147	MARIETTA MEMORIAL HOSPITAL	401 MATTHEW STREET
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360147	MARIETTA MEMORIAL HOSPITAL	401 MATTHEW STREET
--------	----------------------------	--------------------

360147	MARIETTA MEMORIAL HOSPITAL	401 MATTHEW STREET
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360150	SUMMA WESTERN RESERVE HOSPITAL	1900 23RD STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

ELYRIA OH

MARIETTA OH

MARIETTA OH

MARIETTA OH

CUYAHOGA  
FALLS OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44035	LORAIN	4403297500
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45750	WASHINGTON	7403741400
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45750	WASHINGTON	7403741400
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45750	WASHINGTON	7403741400
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44223	SUMMIT	3309717000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$12993.00 \*

\$12986.00 \*

\$24081.00 \*

\$16196.00 \*

\$7118.00

18

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360150	SUMMA WESTERN RESERVE HOSPITAL	1900 23RD STREET
360150	SUMMA WESTERN RESERVE HOSPITAL	1900 23RD STREET
360151	AFFINITY MEDICAL CENTER	875 EIGHTH STREET NE
360151	AFFINITY MEDICAL CENTER	875 EIGHTH STREET NE
360152	DOCTORS HOSPITAL	5100 WEST BROAD STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

CUYAHOGA  
FALLS OH

CUYAHOGA  
FALLS OH

MASSILLON OH

MASSILLON OH

COLUMBUS OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44223	SUMMIT	3309717000
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44223	SUMMIT	3309717000
-------	--------	------------

44646	STARK	3308376863
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44646	STARK	3308376863
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43228	FRANKLIN	6145441000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16063.00 \*

\$21929.00 \*

\$16326.00 \*

\$14629.00 \*

\$19643.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360152

DOCTORS HOSPITAL

5100 WEST BROAD STREET

360152

DOCTORS HOSPITAL

5100 WEST BROAD STREET

360155

SOUTHWEST GENERAL HEALTH  
CENTER

18697 BAGLEY ROAD

360155

SOUTHWEST GENERAL HEALTH  
CENTER

18697 BAGLEY ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBUS

OH

COLUMBUS

OH

MIDDLEBURG  
HEIGHTS

OH

MIDDLEBURG  
HEIGHTS

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

43228

FRANKLIN

6145441000

43228

FRANKLIN

6145441000

44130

CUYAHOGA

4408168000

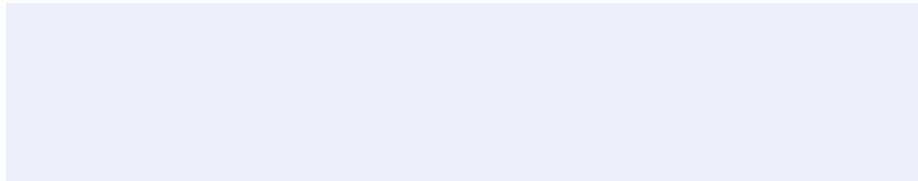
44130

CUYAHOGA

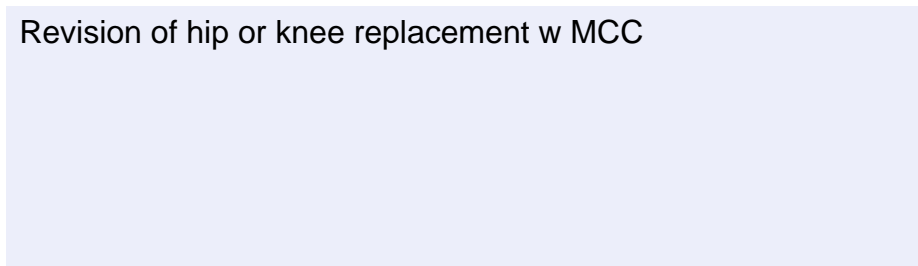
4408168000

# knee

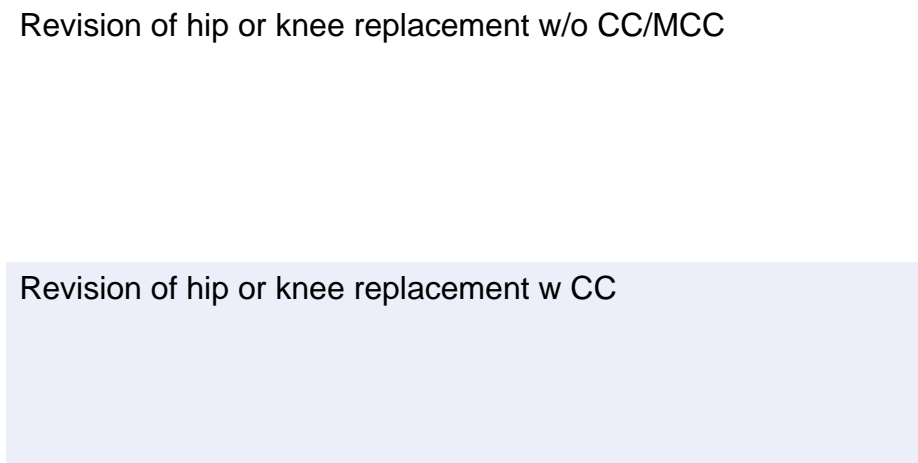
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20274.00 \*

\$6139.00 \*

\$12979.00 \*

\$14873.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360156

MEMORIAL HOSPITAL

715 SOUTH TAFT AVENUE

360159

ADENA REGIONAL MEDICAL  
CENTER

272 HOSPITAL ROAD

360159

ADENA REGIONAL MEDICAL  
CENTER

272 HOSPITAL ROAD

360159

ADENA REGIONAL MEDICAL  
CENTER

272 HOSPITAL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

FREMONT

OH

CHILLICOTHE

OH

CHILLICOTHE

OH

CHILLICOTHE

OH



# knee

Based on Hospital Medicare Payment And Volume Measures

43420

SANDUSKY

4193346617

45601

ROSS

7407797778

45601

ROSS

7407797778

45601

ROSS

7407797778

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16525.00 \*

\$14721.00 \*

\$15466.00 \*

\$14755.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360161	ST JOSEPH HEALTH CENTER	667 EASTLAND AVE SE
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360161	ST JOSEPH HEALTH CENTER	667 EASTLAND AVE SE
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360161	ST JOSEPH HEALTH CENTER	667 EASTLAND AVE SE
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360163	CHRIST HOSPITAL	2139 AUBURN AVENUE
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360163	CHRIST HOSPITAL	2139 AUBURN AVENUE
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360163	CHRIST HOSPITAL	2139 AUBURN AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

WARREN	OH
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WARREN	OH
--------	----

WARREN	OH
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CINCINNATI	OH
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CINCINNATI	OH
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CINCINNATI	OH
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# knee

Based on Hospital Medicare Payment And Volume Measures

44481	TRUMBULL	3308414000
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44481	TRUMBULL	3308414000
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44481	TRUMBULL	3308414000
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45219	HAMILTON	5135852771
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45219	HAMILTON	5135852771
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45219	HAMILTON	5135852771
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21584.00 \*

\$17947.00 \*

\$14356.00 \*

\$14393.00 13

\$14995.00 38

\$18149.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360170	BERGER HOSPITAL	600 NORTH PICKAWAY STREET
360170	BERGER HOSPITAL	600 NORTH PICKAWAY STREET
360172	COMMUNITY REGIONAL MEDICAL CENTER	3700 KOLBE ROAD
360172	COMMUNITY REGIONAL MEDICAL CENTER	3700 KOLBE ROAD
360172	COMMUNITY REGIONAL MEDICAL CENTER	3700 KOLBE ROAD
360174	UPPER VALLEY MEDICAL CENTER	3130 NORTH COUNTY ROAD 25A

# knee

Based on Hospital Medicare Payment And Volume Measures

CIRCLEVILLE OH

CIRCLEVILLE OH

LORAIN OH

LORAIN OH

LORAIN OH

TROY OH

# knee

Based on Hospital Medicare Payment And Volume Measures

43113	PICKAWAY	7404208585
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43113	PICKAWAY	7404208585
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44053	LORAIN	4409603295
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44053	LORAIN	4409603295
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44053	LORAIN	4409603295
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45373	MIAMI	9374407853
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

knee

Based on Hospital Medicare Payment And Volume Measures

\$15368.00 \*

\$19075.00 \*

\$14063.00

13

\$17455.00

23

\$14096.00 \*

\$17014.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360174	UPPER VALLEY MEDICAL CENTER	3130 NORTH COUNTY ROAD 25A
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360175	CMH REGIONAL HEALTH SYSTEM	610 WEST MAIN STREET
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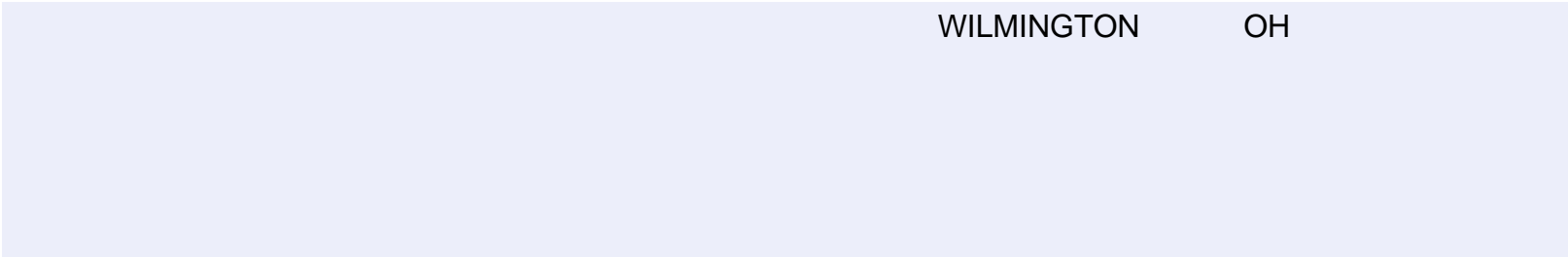
360175	CMH REGIONAL HEALTH SYSTEM	610 WEST MAIN STREET
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360175	CMH REGIONAL HEALTH SYSTEM	610 WEST MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

TROY OH



WILMINGTON OH



WILMINGTON OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45373	MIAMI	9374407853
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45177	CLINTON	9373826611
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45177	CLINTON	9373826611
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45177	CLINTON	9373826611
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$15243.00 \*

\$9973.00 \*

\$28265.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360179	BETHESDA NORTH HOSPITAL	10500 MONTGOMERY ROAD
360179	BETHESDA NORTH HOSPITAL	10500 MONTGOMERY ROAD
360179	BETHESDA NORTH HOSPITAL	10500 MONTGOMERY ROAD
360180	CLEVELAND CLINIC	9500 EUCLID AVENUE
360180	CLEVELAND CLINIC	9500 EUCLID AVENUE
360180	CLEVELAND CLINIC	9500 EUCLID AVENUE
360189	MADISON COUNTY HOSPITAL INC	210 NORTH MAIN STREET
360189	MADISON COUNTY HOSPITAL INC	210 NORTH MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

CINCINNATI OH

CINCINNATI OH

CINCINNATI OH

CLEVELAND OH

CLEVELAND OH

CLEVELAND OH

LONDON OH

LONDON OH



# knee

Based on Hospital Medicare Payment And Volume Measures

45242	HAMILTON	5135696141
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45242	HAMILTON	5135696141
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45242	HAMILTON	5135696141
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44195	CUYAHOGA	2164442200
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44195	CUYAHOGA	2164442200
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44195	CUYAHOGA	2164442200
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43140	MADISON	7408457010
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43140	MADISON	7408457010
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24374.00 \*

\$14477.00 25

\$13895.00 \*

\$16879.00 53

\$20977.00 81

\$30765.00 27

\$22171.00 \*

\$17130.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360192

UH GEAUGA MEDICAL CENTER

13207 RAVENNA RD

360192

UH GEAUGA MEDICAL CENTER

13207 RAVENNA RD

360192

UH GEAUGA MEDICAL CENTER

13207 RAVENNA RD

360195

SUMMA WADSWORTH-RITTMAN  
HOSPITAL

195 WADSWORTH ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

CHARDON

OH

CHARDON

OH

CHARDON

OH

WADSWORTH

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44024

GEAUGA

4402696000

44024

GEAUGA

4402696000

44024

GEAUGA

4402696000

44281

MEDINA

3303341504

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16258.00 \*

\$17997.00 \*

\$12983.00 \*

\$12964.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

360195	SUMMA WADSWORTH-RITTMAN HOSPITAL	195 WADSWORTH ROAD
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360197	MARY RUTAN HOSPITAL	205 PALMER AVENUE
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360210	GRADY MEMORIAL HOSPITAL	561 WEST CENTRAL AVENUE
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360210	GRADY MEMORIAL HOSPITAL	561 WEST CENTRAL AVENUE
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360211	TRINITY MEDICAL CTR	380 SUMMIT AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

WADSWORTH OH

BELLEFONTAINE OH

DELAWARE OH

DELAWARE OH

STEUBENVILLE OH

# knee

Based on Hospital Medicare Payment And Volume Measures

44281	MEDINA	3303341504
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43311	LOGAN	9375924015
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43015	DELAWARE	7403685145
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43015	DELAWARE	7403685145
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43952	JEFFERSON	7402647212
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13506.00 \*

\$16316.00 \*

\$26337.00 \*

\$12687.00 \*

\$12989.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## EAST&TRINITY MEDICAL CTR WEST

360211

TRINITY MEDICAL CTR  
EAST&TRINITY MEDICAL CTR WEST

380 SUMMIT AVENUE

360212

LAKWOOD HOSPITAL

14519 DETROIT AVENUE

360212

LAKWOOD HOSPITAL

14519 DETROIT AVENUE

360218

LICKING MEMORIAL HOSPITAL

1320 WEST MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

STEUBENVILLE OH

LAKEWOOD OH

LAKEWOOD OH

NEWARK OH

# knee

Based on Hospital Medicare Payment And Volume Measures

43952

JEFFERSON

7402647212

44107

CUYAHOGA

2165294200

44107

CUYAHOGA

2165294200

43055

LICKING

7403484000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22783.00 \*

\$19966.00 \*

\$17476.00 \*

\$18674.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

360230	HILLCREST HOSPITAL	6780 MAYFIELD ROAD
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360230	HILLCREST HOSPITAL	6780 MAYFIELD ROAD
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360230	HILLCREST HOSPITAL	6780 MAYFIELD ROAD
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360234	MERCY FRANCISCAN HOSPITAL - MT AIRY	2446 KIPLING AVENUE
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360234	MERCY FRANCISCAN HOSPITAL - MT AIRY	2446 KIPLING AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MAYFIELD  
HEIGHTS

OH

MAYFIELD  
HEIGHTS

OH

MAYFIELD  
HEIGHTS

OH

CINCINNATI

OH

CINCINNATI

OH



# knee

Based on Hospital Medicare Payment And Volume Measures

44124	CUYAHOGA	4403124500
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44124	CUYAHOGA	4403124500
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44124	CUYAHOGA	4403124500
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45239	HAMILTON	5138535000
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45239	HAMILTON	5138535000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$13687.00

22



\$40532.00 \*



\$13137.00 \*



\$37.00 \*



\$9035.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

360234	MERCY FRANCISCAN HOSPITAL - MT AIRY	2446 KIPLING AVENUE
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360236	MERCY HOSPITAL CLERMONT	3000 HOSPITAL DRIVE
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360239	KETTERING MEDICAL CENTER - SYCAMORE	4000 MIAMISBURG- CENTERVILLE ROAD
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360239	KETTERING MEDICAL CENTER - SYCAMORE	4000 MIAMISBURG- CENTERVILLE ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

CINCINNATI OH

BATAVIA OH

MIAMISBURG OH

MIAMISBURG OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45239	HAMILTON	5138535000
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45103	CLERMONT	5137328278
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45342	MONTGOMERY	9373848776
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45342	MONTGOMERY	9373848776
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17885.00 \*

\$15079.00 \*

\$7428.00 \*

\$43591.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

360239	KETTERING MEDICAL CENTER - SYCAMORE	4000 MIAMISBURG- CENTERVILLE ROAD
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360259	BAY PARK COMMUNITY HOSPITAL	2801 BAY PARK DRIVE
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360259	BAY PARK COMMUNITY HOSPITAL	2801 BAY PARK DRIVE
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360262	MERCY ST ANNE HOSPITAL	3404 SYLVANIA AVENUE
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360262	MERCY ST ANNE HOSPITAL	3404 SYLVANIA AVENUE
--------	------------------------	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

MIAMISBURG

OH

OREGON

OH

OREGON

OH

TOLEDO

OH

TOLEDO

OH

# knee

Based on Hospital Medicare Payment And Volume Measures

45342	MONTGOMERY	9373848776
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43616	LUCAS	4196907700
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43616	LUCAS	4196907700
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43623	LUCAS	4194072663
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43623	LUCAS	4194072663
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7928.00 \*

\$7817.00 \*

\$7524.00 \*

\$13721.00 \*

\$15641.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360266	MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL	7333 SMITH'S MILL ROAD
360266	MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL	7333 SMITH'S MILL ROAD
360266	MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL	7333 SMITH'S MILL ROAD
360274	MEDICAL CENTER AT ELIZABETH PLACE	ONE ELIZABETH PLACE
360276	ST ELIZABETH BOARDMAN HEALTH CENTER	8401 MARKET STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

NEW ALBANY OH

NEW ALBANY OH

NEW ALBANY OH

DAYTON OH

YOUNGSTOWN OH

# knee

Based on Hospital Medicare Payment And Volume Measures

43054	FRANKLIN	6145464533
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43054	FRANKLIN	6145464533
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43054	FRANKLIN	6145464533
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45408	MONTGOMERY	9378531053
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44512	MAHONING	3307292929
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13505.00 28

\$17915.00 \*

\$16117.00 84

\$10643.00 \*

\$14521.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

360348	DUBLIN METHODIST HOSPITAL	7500 HOSPITAL AVENUE
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360348	DUBLIN METHODIST HOSPITAL	7500 HOSPITAL AVENUE
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360350	EVENDALE MEDICAL CENTER	3155 GLENDALE-MILFORD ROAD
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360350	EVENDALE MEDICAL CENTER	3155 GLENDALE-MILFORD ROAD
--------	-------------------------	----------------------------

360351	CRYSTAL CLINIC ORTHOPAEDIC	444 NORTH MAIN STREET
--------	----------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

DUBLIN

OH

DUBLIN

OH

CINCINNATI

OH

CINCINNATI

OH

AKRON

OH



# knee

Based on Hospital Medicare Payment And Volume Measures

43016

FRANKLIN

6145448000

43016

FRANKLIN

6145448000

45241

HAMILTON

5134542222

45241

HAMILTON

5134542222

44310

SUMMIT

3306684040

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13898.00 \*

\$27529.00 \*

\$12733.00 \*

\$13290.00 \*

\$10676.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

360351	CRYSTAL CLINIC ORTHOPAEDIC CENTER	444 NORTH MAIN STREET
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370001	HILLCREST MEDICAL CENTER	1120 SOUTH UTICA AVENUE
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370001	HILLCREST MEDICAL CENTER	1120 SOUTH UTICA AVENUE
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370004	INTEGRIS BAPTIST REG HEALTH CENTER	200 SECOND AVENUE SOUTHWEST, BOX 1207
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370006	PONCA CITY MEDICAL CENTER	1900 NORTH 14TH STREET
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370006	PONCA CITY MEDICAL CENTER	1900 NORTH 14TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

AKRON

OH

TULSA

OK

TULSA

OK

MIAMI

OK

PONCA CITY

OK

PONCA CITY

OK

# knee

Based on Hospital Medicare Payment And Volume Measures

44310	SUMMIT	3306684040
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74104	TULSA	9185791000
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74104	TULSA	9185791000
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74355	OTTAWA	9185426611
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74601	KAY	5807653321
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74601	KAY	5807653321
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14560.00 \*

\$20020.00	12
------------	----

\$14357.00	17
------------	----

\$18085.00 *
--------------

\$16602.00 \*

\$13265.00 *
--------------

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

370008	NORMAN REGIONAL HEALTH SYSTEM	901 NORTH PORTER
370008	NORMAN REGIONAL HEALTH SYSTEM	901 NORTH PORTER
370008	NORMAN REGIONAL HEALTH SYSTEM	901 NORTH PORTER
370013	MERCY HEALTH CENTER, INC	4300 WEST MEMORIAL ROAD
370013	MERCY HEALTH CENTER, INC	4300 WEST MEMORIAL ROAD
370013	MERCY HEALTH CENTER, INC	4300 WEST MEMORIAL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

NORMAN OK

NORMAN OK

NORMAN OK

OKLAHOMA CITY OK

OKLAHOMA CITY OK

OKLAHOMA CITY OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73070	CLEVELAND	4053211700
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73070	CLEVELAND	4053211700
-------	-----------	------------

73070	CLEVELAND	4053211700
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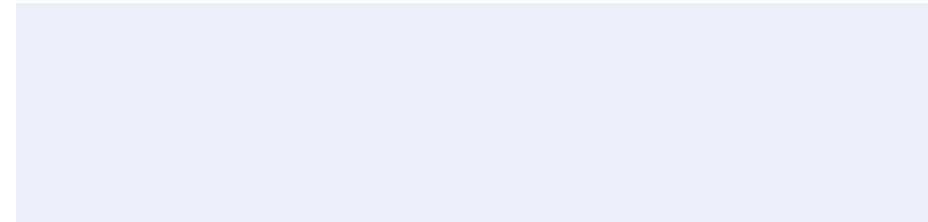
73120	OKLAHOMA	4057551515
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73120	OKLAHOMA	4057551515
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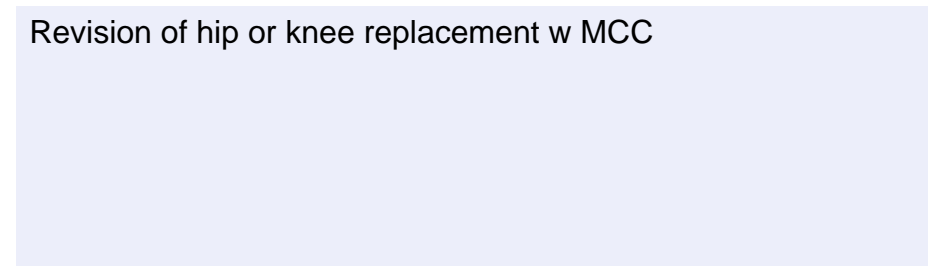
73120	OKLAHOMA	4057551515
-------	----------	------------

# knee

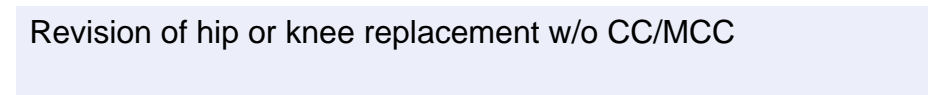
Based on Hospital Medicare Payment And Volume Measures



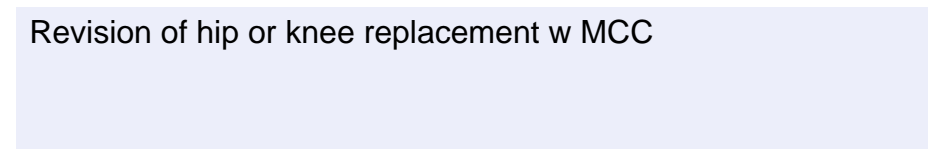
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13099.00	19
	\$24290.00 *	
	\$16409.00 *	
	\$13129.00	15
	\$16414.00	14
	\$24549.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

370016	INTEGRIS BASS BAPTIST HEALTH CENTER	600 SOUTH MONROE
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370016	INTEGRIS BASS BAPTIST HEALTH CENTER	600 SOUTH MONROE
--------	--	------------------

370018	JANE PHILLIPS MEDICAL CENTER	3500 EAST FRANK PHILLIPS BOULEVARD
--------	------------------------------	---------------------------------------

370018	JANE PHILLIPS MEDICAL CENTER	3500 EAST FRANK PHILLIPS BOULEVARD
--------	------------------------------	---------------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ENID

OK

ENID

OK

BARTLESVILLE

OK

BARTLESVILLE

OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73701	GARFIELD	4052332300
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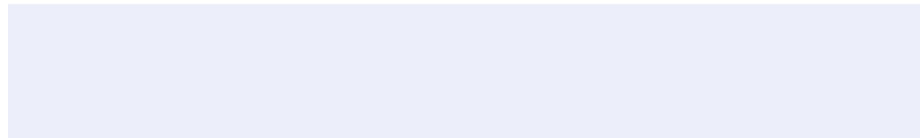
73701	GARFIELD	4052332300
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74006	WASHINGTON	9183337200
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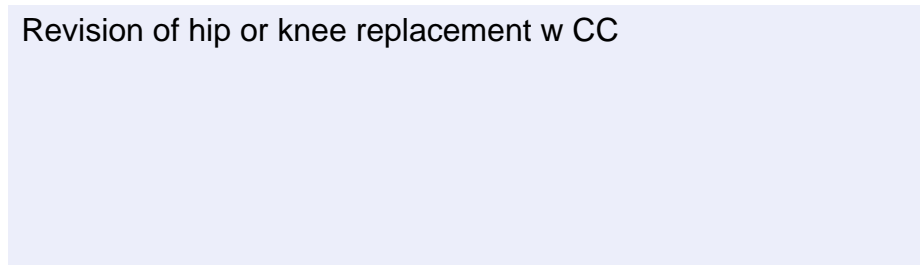
74006	WASHINGTON	9183337200
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# knee

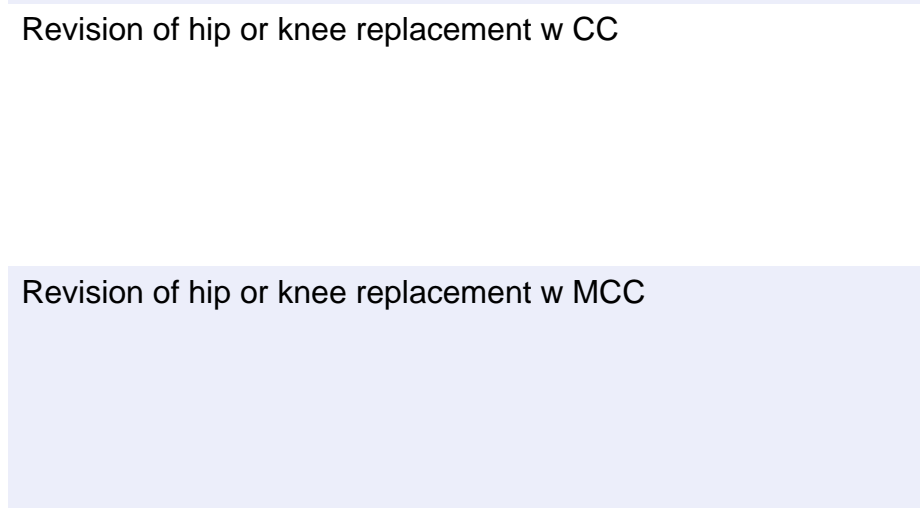
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16818.00 \*

\$21026.00 \*

\$14944.00 \*

\$22965.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

370018	JANE PHILLIPS MEDICAL CENTER	3500 EAST FRANK PHILLIPS BOULEVARD
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370020	VALLEY VIEW REGIONAL HOSPITAL	430 NORTH MONTA VISTA
--------	-------------------------------	-----------------------

370022	JACKSON COUNTY MEMORIAL HOSPITAL	P O BOX 8190, 1200 EAST PECAN
--------	-------------------------------------	----------------------------------

370022	JACKSON COUNTY MEMORIAL HOSPITAL	P O BOX 8190, 1200 EAST PECAN
--------	-------------------------------------	----------------------------------

370022	JACKSON COUNTY MEMORIAL	P O BOX 8190, 1200 EAST
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# knee

Based on Hospital Medicare Payment And Volume Measures

BARTLESVILLE OK

ADA OK

ALTUS OK

ALTUS OK

ALTUS OK



# knee

Based on Hospital Medicare Payment And Volume Measures

74006	WASHINGTON	9183337200
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74820	PONTOTOC	5804216074
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73523	JACKSON	5804824781
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73523	JACKSON	5804824781
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73523	JACKSON	5804824781
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$12983.00 \*



\$24383.00 \*



\$13488.00 \*



\$22715.00 \*

\$16863.00

11

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

	HOSPITAL	PECAN
370023	DUNCAN REGIONAL HOSPITAL, INC	1407 WHISENANT DRIVE

370023	DUNCAN REGIONAL HOSPITAL, INC	1407 WHISENANT DRIVE
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370025	MUSKOGEE REGIONAL MEDICAL CENTER	300 ROCKEFELLER DRIVE
--------	-------------------------------------	-----------------------

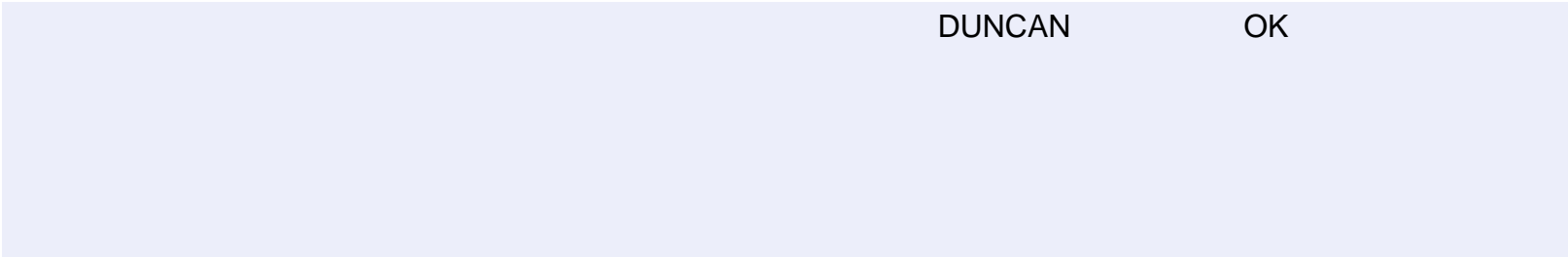
370025	MUSKOGEE REGIONAL MEDICAL CENTER	300 ROCKEFELLER DRIVE
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370025	MUSKOGEE REGIONAL MEDICAL	300 ROCKEFELLER DRIVE
--------	---------------------------	-----------------------

# knee

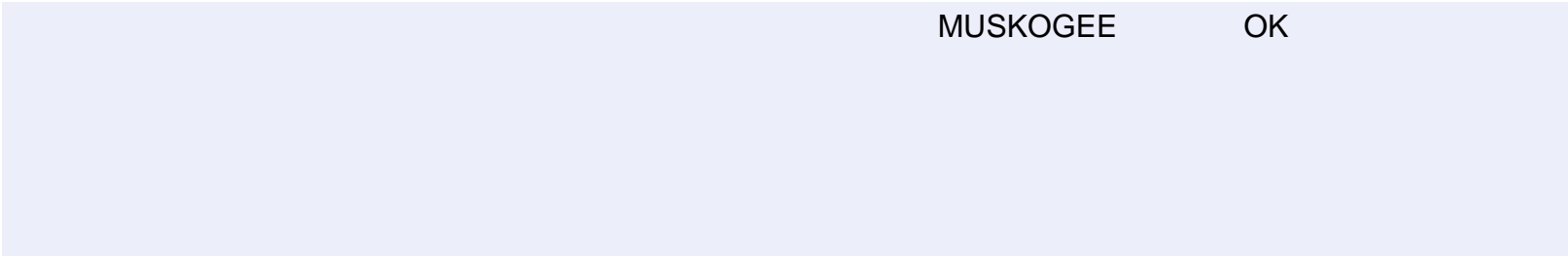
Based on Hospital Medicare Payment And Volume Measures

DUNCAN OK



DUNCAN OK

MUSKOGEE OK



MUSKOGEE OK

MUSKOGEE OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73533	STEPHENS	5802525300
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73533	STEPHENS	5802525300
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74401	MUSKOGEE	9186825501
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74401	MUSKOGEE	9186825501
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74401	MUSKOGEE	9186825501
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15762.00 \*

\$17073.00 \*

\$13425.00 \*

\$31883.00 \*

\$16784.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

370026	ST MARY'S REGIONAL MEDICAL CENTER	305 SOUTH 5TH STREET
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370026	ST MARY'S REGIONAL MEDICAL CENTER	305 SOUTH 5TH STREET
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370026	ST MARY'S REGIONAL MEDICAL CENTER	305 SOUTH 5TH STREET
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370028	INTEGRIS BAPTIST MEDICAL CENTER	3300 NORTHWEST EXPRESSWAY
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370028	INTEGRIS BAPTIST MEDICAL	3300 NORTHWEST
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# knee

Based on Hospital Medicare Payment And Volume Measures

	ENID	OK
	ENID	OK
	ENID	OK
	OKLAHOMA CITY	OK
	OKLAHOMA CITY	OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73701	GARFIELD	5802336100
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73701	GARFIELD	5802336100
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73701	GARFIELD	5802336100
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73112	OKLAHOMA	4059493011
-------	----------	------------

73112	OKLAHOMA	4059493011
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15760.00 \*

\$23651.00 \*

\$12754.00 \*

\$15275.00

20

\$28325.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

## EXPRESSWAY

370028

INTEGRIS BAPTIST MEDICAL  
CENTER

3300 NORTHWEST  
EXPRESSWAY

370032

DEACONESS HOSPITAL

5501 NORTH PORTLAND  
AVENUE

370032

DEACONESS HOSPITAL

5501 NORTH PORTLAND  
AVENUE

370032

DEACONESS HOSPITAL

5501 NORTH PORTLAND  
AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

OKLAHOMA CITY OK

OKLAHOMA CITY OK

OKLAHOMA CITY OK

OKLAHOMA CITY OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73112

OKLAHOMA

4059493011

73112

OKLAHOMA

4056046109

73112

OKLAHOMA

4056046109

73112

OKLAHOMA

4056046109

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19097.00 \*

\$13249.00 \*

\$16494.00 \*

\$24568.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

370034	MCALESTER REGIONAL HEALTH CENTER	ONE CLARK BASS BOULEVARD
370034	MCALESTER REGIONAL HEALTH CENTER	ONE CLARK BASS BOULEVARD
370034	MCALESTER REGIONAL HEALTH CENTER	ONE CLARK BASS BOULEVARD
370037	ST ANTHONY HOSPITAL	1000 NORTH LEE AVENUE
370037	ST ANTHONY HOSPITAL	1000 NORTH LEE AVENUE
370037	ST ANTHONY HOSPITAL	1000 NORTH LEE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

MCALESTER	OK
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MCALESTER	OK
-----------	----

MCALESTER	OK
-----------	----

OKLAHOMA CITY	OK
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OKLAHOMA CITY	OK
---------------	----

OKLAHOMA CITY	OK
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# knee

Based on Hospital Medicare Payment And Volume Measures

74501	PITTSBURG	9184261800
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74501	PITTSBURG	9184261800
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74501	PITTSBURG	9184261800
-------	-----------	------------

73101	OKLAHOMA	4052727000
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73101	OKLAHOMA	4052727000
-------	----------	------------

73101	OKLAHOMA	4052727000
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

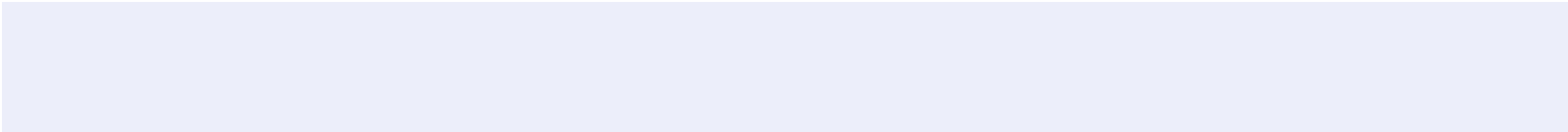
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

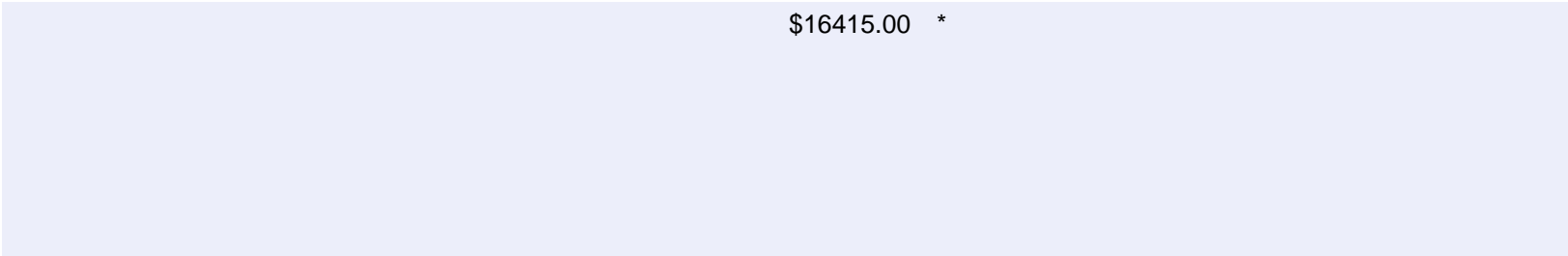
Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$24123.00 \*



\$16415.00 \*



\$13009.00 \*

\$17939.00 20

\$18690.00 75



\$27871.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

370047	MERCY MEMORIAL HEALTH CENTER	1011 FOURTEENTH AVENUE, NORTHWEST
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370047	MERCY MEMORIAL HEALTH CENTER	1011 FOURTEENTH AVENUE, NORTHWEST
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370047	MERCY MEMORIAL HEALTH CENTER	1011 FOURTEENTH AVENUE, NORTHWEST
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370049	STILLWATER MEDICAL CENTER	1323 WEST 6TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

ARDMORE

OK

ARDMORE

OK

ARDMORE

OK

STILLWATER

OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73401	CARTER	4052235400
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73401	CARTER	4052235400
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73401	CARTER	4052235400
-------	--------	------------

74076	PAYNE	4053721480
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13905.00 \*

\$21603.00 \*

\$17384.00 \*

\$13189.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

370049	STILLWATER MEDICAL CENTER	1323 WEST 6TH STREET
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370049	STILLWATER MEDICAL CENTER	1323 WEST 6TH STREET
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370056	COMANCHE COUNTY MEMORIAL HOSPITAL	3401 WEST GORE BOULEVARD
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370056	COMANCHE COUNTY MEMORIAL HOSPITAL	3401 WEST GORE BOULEVARD
--------	--------------------------------------	-----------------------------

370057	OKMULGEE MEMORIAL HOSPITAL	1401 MORRIS DRIVE, P O
--------	----------------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

STILLWATER

OK

STILLWATER

OK

LAWTON

OK

LAWTON

OK

OKMULGEE

OK

# knee

Based on Hospital Medicare Payment And Volume Measures

74076	PAYNE	4053721480
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74076	PAYNE	4053721480
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73505	COMANCHE	5803558620
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73505	COMANCHE	5803558620
-------	----------	------------

74447	OKMULGEE	9187564233
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16362.00 \*

\$24492.00 \*

\$68.00 \*

\$17685.00 \*

\$17246.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

BOX 1038

370089

TAHLEQUAH CITY HOSPITAL

1400 EAST DOWNING  
STREET

370089

TAHLEQUAH CITY HOSPITAL

1400 EAST DOWNING  
STREET

370089

TAHLEQUAH CITY HOSPITAL

1400 EAST DOWNING  
STREET

370091

SAINT FRANCIS HOSPITAL, INC

6161 SOUTH YALE

# knee

Based on Hospital Medicare Payment And Volume Measures

TAHLEQUAH OK

TAHLEQUAH	OK
-----------	----

TAHLEQUAH OK

TULSA	OK
-------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

74465

CHEROKEE

9184560641

74465

CHEROKEE

9184560641

74465

CHEROKEE

9184560641

74136

TULSA

9184942200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13162.00 \*

\$16456.00 \*

\$24407.00 \*

\$20767.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

370091	SAINT FRANCIS HOSPITAL, INC	6161 SOUTH YALE
370091	SAINT FRANCIS HOSPITAL, INC	6161 SOUTH YALE
370093	O U MEDICAL CENTER	1200 EVERETT DRIVE

370093	O U MEDICAL CENTER	1200 EVERETT DRIVE
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370094	MIDWEST REGIONAL MEDICAL CENTER	2825 PARKLAWN DRIVE
--------	------------------------------------	---------------------

370094	MIDWEST REGIONAL MEDICAL CENTER	2825 PARKLAWN DRIVE
--------	------------------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

	TULSA	OK
	TULSA	OK
	OKLAHOMA CITY	OK
	OKLAHOMA CITY	OK
	MIDWEST CITY	OK
	MIDWEST CITY	OK



# knee

Based on Hospital Medicare Payment And Volume Measures

74136	TULSA	9184942200
74136	TULSA	9184942200
73117	OKLAHOMA	4052715151
73117	OKLAHOMA	4052715151
73110	OKLAHOMA	4056104411
73110	OKLAHOMA	4056104411

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17213.00	17
	\$338.00	29
	\$3086.00	*

	\$25789.00	*
	\$14926.00	*

	\$12989.00	*
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# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

370097	SOUTHWESTERN MEDICAL CENTER	5602 SOUTHWEST LEE BOULEVARD
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370097	SOUTHWESTERN MEDICAL CENTER	5602 SOUTHWEST LEE BOULEVARD
--------	-----------------------------	---------------------------------

370097	SOUTHWESTERN MEDICAL CENTER	5602 SOUTHWEST LEE BOULEVARD
--------	-----------------------------	---------------------------------

370099	CUSHING REGIONAL HOSPITAL	1027 EAST CHERRY STREET
--------	---------------------------	-------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LAWTON

OK

LAWTON

OK

LAWTON

OK

CUSHING

OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73505	COMANCHE	5805314700
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73505	COMANCHE	5805314700
-------	----------	------------

73505	COMANCHE	5805314700
-------	----------	------------

74023	PAYNE	9182252915
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17090.00 \*

\$21419.00 \*

\$38157.00 \*

\$16903.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

370106	INTEGRIS SOUTHWEST MEDICAL CENTER	4401 SOUTH WESTERN AVENUE
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370106	INTEGRIS SOUTHWEST MEDICAL CENTER	4401 SOUTH WESTERN AVENUE
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370106	INTEGRIS SOUTHWEST MEDICAL CENTER	4401 SOUTH WESTERN AVENUE
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370113	INTEGRIS GROVE HOSPITAL	1001 EAST 18TH STREET
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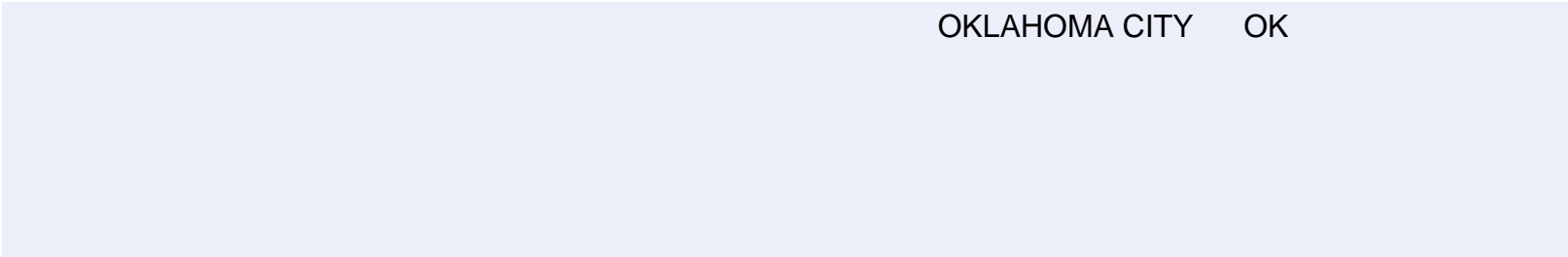
370114	ST JOHN MEDICAL CENTER, INC	1923 SOUTH UTICA AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

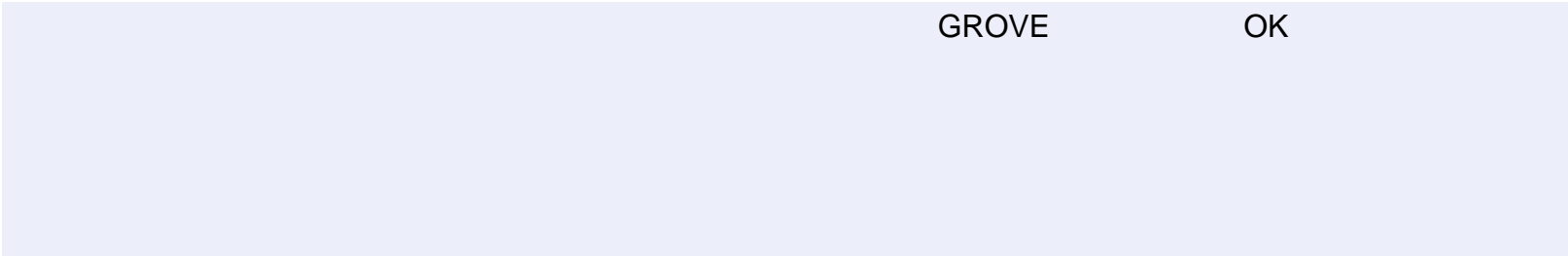


OKLAHOMA CITY OK



OKLAHOMA CITY OK

OKLAHOMA CITY OK



GROVE OK

TULSA OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73109	OKLAHOMA	4056367777
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73109	OKLAHOMA	4056367777
-------	----------	------------

73109	OKLAHOMA	4056367777
-------	----------	------------

74344	DELAWARE	9187862243
-------	----------	------------

74104	TULSA	9187442345
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13188.00 \*

\$18863.00 \*

\$44428.00 \*

\$13766.00 \*

\$25086.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

370114	ST JOHN MEDICAL CENTER, INC	1923 SOUTH UTICA AVENUE
370114	ST JOHN MEDICAL CENTER, INC	1923 SOUTH UTICA AVENUE
370148	EDMOND MEDICAL CENTER	ONE SOUTH BRYANT

370148	EDMOND MEDICAL CENTER	ONE SOUTH BRYANT
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370148	EDMOND MEDICAL CENTER	ONE SOUTH BRYANT
--------	-----------------------	------------------

370149	UNITY HEALTH CENTER	1102 W MACARTHUR
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# knee

Based on Hospital Medicare Payment And Volume Measures

TULSA OK

TULSA OK

EDMOND OK

EDMOND OK

EDMOND OK

SHAWNEE OK

# knee

Based on Hospital Medicare Payment And Volume Measures

74104	TULSA	9187442345
74104	TULSA	9187442345
73034	OKLAHOMA	4053416100

73034	OKLAHOMA	4053416100
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73034	OKLAHOMA	4053416100
-------	----------	------------

74804	POTTAWATOMIE	4052732270
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16914.00	28
	\$11320.00	47
	\$15574.00 *	
	\$23100.00 *	
	\$12457.00 *	
	\$14256.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

370149	UNITY HEALTH CENTER	1102 W MACARTHUR
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370149	UNITY HEALTH CENTER	1102 W MACARTHUR
--------	---------------------	------------------

370178	MEMORIAL HOSPITAL OF STILWELL	1401 WEST LOCUST
--------	-------------------------------	------------------

370180	CHICKASAW NATION MEDICAL CENTER	1921 STONECIPHER BLVD
--------	------------------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SHAWNEE

OK

SHAWNEE

OK

STILWELL

OK

ADA

OK



# knee

Based on Hospital Medicare Payment And Volume Measures

74804	POTTAWATOMIE	4052732270
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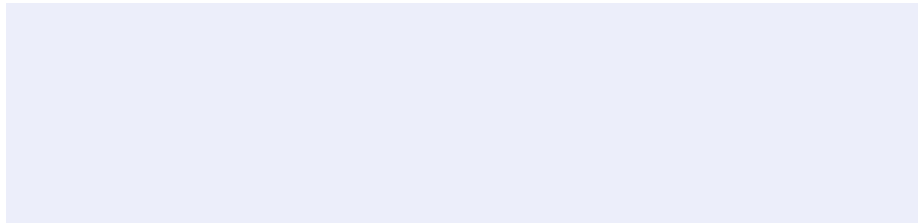
74804	POTTAWATOMIE	4052732270
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74960	ADAIR	9186963101
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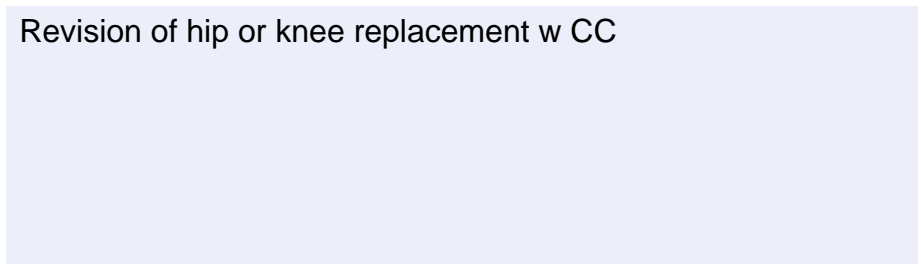
74820	PONTOTOC	5804363980
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# knee

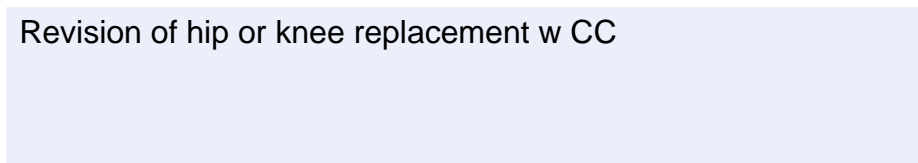
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



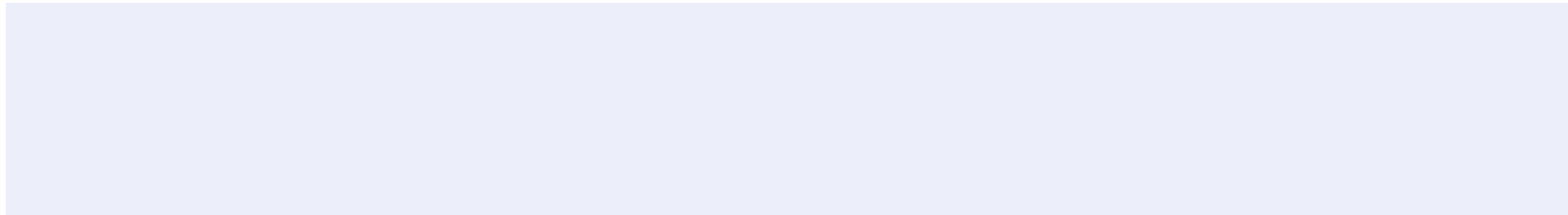
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$26435.00 \*



\$16513.00 \*



\$24659.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

370183	HENRYETTA MEDICAL CENTER	DEWEY BARTLETT ST AND MAIN ST
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370183	HENRYETTA MEDICAL CENTER	DEWEY BARTLETT ST AND MAIN ST
--------	--------------------------	----------------------------------

370183	HENRYETTA MEDICAL CENTER	DEWEY BARTLETT ST AND MAIN ST
--------	--------------------------	----------------------------------

370192	NORTHWEST SURGICAL HOSPITAL	9204 NORTH MAY AVENUE
--------	-----------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HENRYETTA

OK

HENRYETTA

OK

HENRYETTA

OK

OKLAHOMA CITY

OK

# knee

Based on Hospital Medicare Payment And Volume Measures

74437

OKMULGEE

9186524463

74437

OKMULGEE

9186524463

74437

OKMULGEE

9186524463

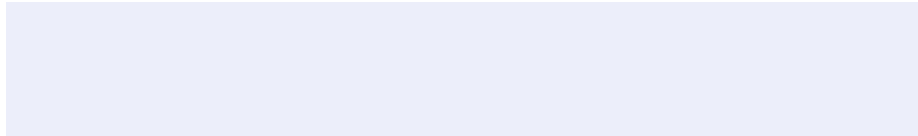
73120

OKLAHOMA

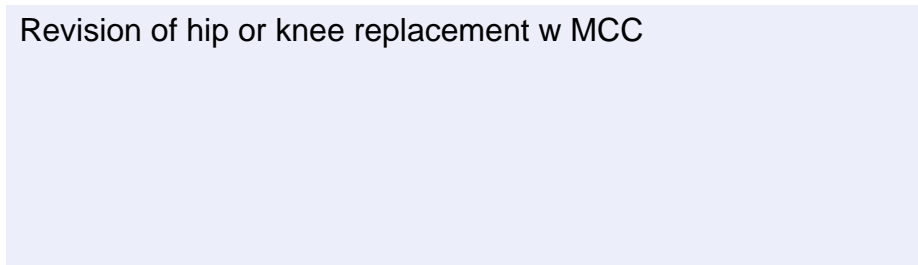
4048481918

# knee

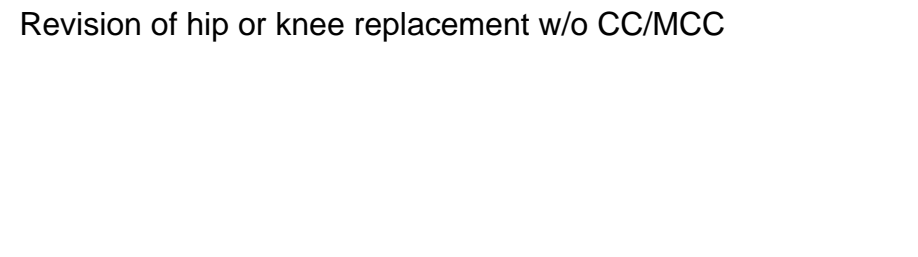
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17246.00 \*

\$25580.00 \*

\$12646.00 \*

\$21519.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

370192	NORTHWEST SURGICAL HOSPITAL	9204 NORTH MAY AVENUE
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370192	NORTHWEST SURGICAL HOSPITAL	9204 NORTH MAY AVENUE
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370201	SURGICAL HOSPITAL OF OKLAHOMA	100 SOUTHEAST 59TH STREET
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370201	SURGICAL HOSPITAL OF OKLAHOMA	100 SOUTHEAST 59TH STREET
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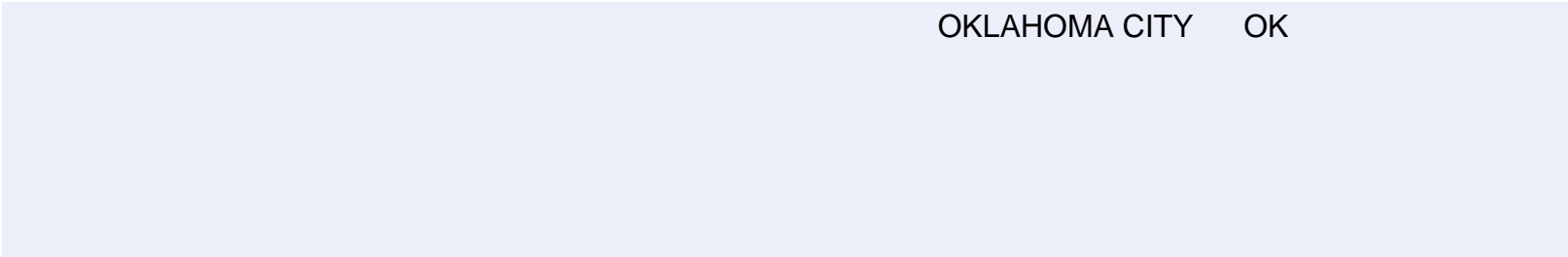
370202	SOUTHCREST HOSPITAL	8801 SOUTH 101ST EAST
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# knee

Based on Hospital Medicare Payment And Volume Measures

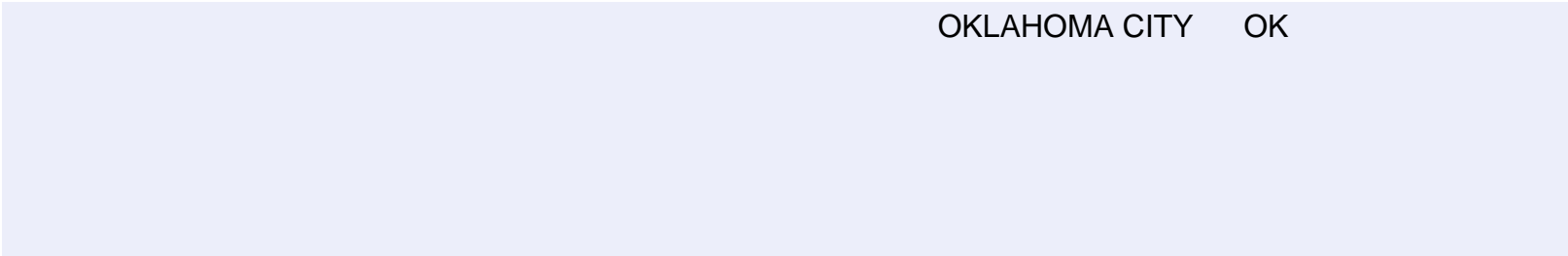


OKLAHOMA CITY OK



OKLAHOMA CITY OK

OKLAHOMA CITY OK



OKLAHOMA CITY OK

TULSA OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73120	OKLAHOMA	4048481918
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73120	OKLAHOMA	4048481918
-------	----------	------------

73129	OKLAHOMA	4056349300
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73129	OKLAHOMA	4056349300
-------	----------	------------

74133	TULSA	9182944000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15574.00 \*

\$20671.00 \*

\$15334.00 \*

\$9196.00 \*

\$12017.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

AVENUE

370203

COMMUNITY HOSPITAL

3100 SOUTHWEST 89TH  
STREET

370203

COMMUNITY HOSPITAL

3100 SOUTHWEST 89TH  
STREET

370210

OKLAHOMA SURGICAL HOSPITAL,  
LLC

2408 EAST 81ST STREET,  
SUITE 300

370210

OKLAHOMA SURGICAL HOSPITAL,  
LLC

2408 EAST 81ST STREET,  
SUITE 300

# knee

Based on Hospital Medicare Payment And Volume Measures

OKLAHOMA CITY OK

OKLAHOMA CITY OK

TULSA OK

TULSA OK

# knee

Based on Hospital Medicare Payment And Volume Measures

73159

OKLAHOMA

4056028100

73159

OKLAHOMA

4056028100

74137

TULSA

9184775000

74137

TULSA

9184775000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12457.00 \*

\$12978.00 \*

\$12301.00 \*

\$12937.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

370211	INTEGRIS CANADIAN VALLEY HOSPITAL	1201 HEALTH CENTER PARKWAY
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370211	INTEGRIS CANADIAN VALLEY HOSPITAL	1201 HEALTH CENTER PARKWAY
--------	--------------------------------------	-------------------------------

370212	OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SP	330 SOUTHWEST 80TH STREET
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370218	SAINT FRANCIS HOSPITAL SOUTH	10501 EAST 91ST STREET SOUTH
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# knee

Based on Hospital Medicare Payment And Volume Measures

YUKON

OK

YUKON

OK

OKLAHOMA CITY

OK

TULSA

OK



# knee

Based on Hospital Medicare Payment And Volume Measures

73099

CANADIAN

4057177999

73099

CANADIAN

4057177999

73139

CLEVELAND

4056026500

74133

TULSA

9183076000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23439.00 \*

\$7305.00 \*

\$12457.00 \*

\$12937.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

370222	MCBRIDE CLINIC ORTHOPEDIC HOSPITAL, L L C	9600 NORTH BROADWAY EXTENSION
370222	MCBRIDE CLINIC ORTHOPEDIC HOSPITAL, L L C	9600 NORTH BROADWAY EXTENSION
370222	MCBRIDE CLINIC ORTHOPEDIC HOSPITAL, L L C	9600 NORTH BROADWAY EXTENSION
370227	ST JOHN OWASSO	12451 EAST 100TH STREET NORTH
370228	BAILEY MEDICAL CENTER, L L C	10502 NORTH 110TH EAST AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

OKLAHOMA CITY	OK
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OKLAHOMA CITY	OK
---------------	----

OKLAHOMA CITY	OK
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OWASSO	OK
--------	----

OWASSO	OK
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

73114	OKLAHOMA	4054781717
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73114	OKLAHOMA	4054781717
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73114	OKLAHOMA	4054781717
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74055	TULSA	9182745000
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74055	TULSA	9183768000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15574.00	37
	\$19354.00 *	
	\$11419.00 *	
	\$15524.00 *	
	\$15524.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

370228	BAILEY MEDICAL CENTER, L L C	10502 NORTH 110TH EAST AVENUE
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380001	MID-COLUMBIA MEDICAL CENTER	1700 E 19TH STREET
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380001	MID-COLUMBIA MEDICAL CENTER	1700 E 19TH STREET
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380002	THREE RIVERS COMMUNITY HOSPITAL	500 SW RAMSEY AVENUE
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380002	THREE RIVERS COMMUNITY	500 SW RAMSEY AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

OWASSO OK

THE DALLES OR

THE DALLES OR

GRANTS PASS OR

GRANTS PASS OR

# knee

Based on Hospital Medicare Payment And Volume Measures

74055

TULSA

9183768000

97058

WASCO

5412961111

97058

WASCO

5412961111

97527

JOSEPHINE

5414727000

97527

JOSEPHINE

5414727000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12417.00 \*

\$32000.00 \*

\$17257.00 \*

\$23901.00 \*

\$19003.00

19

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

	HOSPITAL	
380004	PROVIDENCE ST VINCENT MEDICAL CENTER	9205 SW BARNES ROAD

380004	PROVIDENCE ST VINCENT MEDICAL CENTER	9205 SW BARNES ROAD
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380004	PROVIDENCE ST VINCENT MEDICAL CENTER	9205 SW BARNES ROAD
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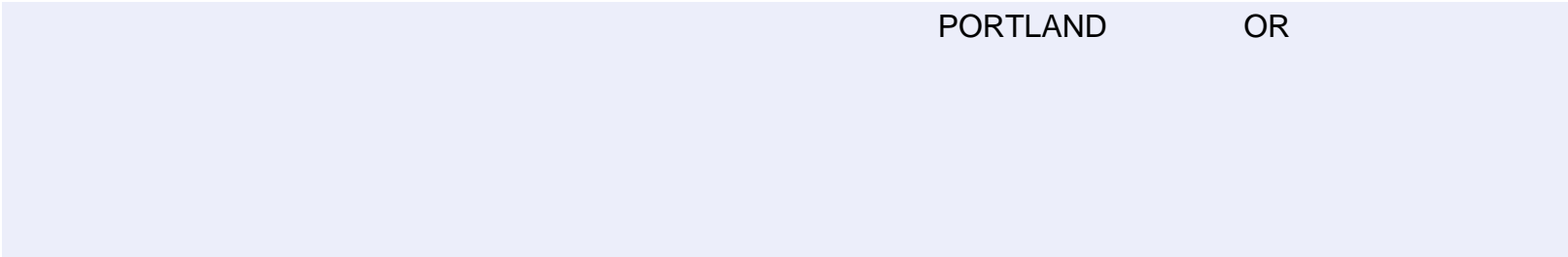
380005	ASHLAND COMMUNITY HOSPITAL	280 MAPLE STREET
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380007	LEGACY EMANUEL MEDICAL CENTER	2801 N GANTENBEIN AVENUE
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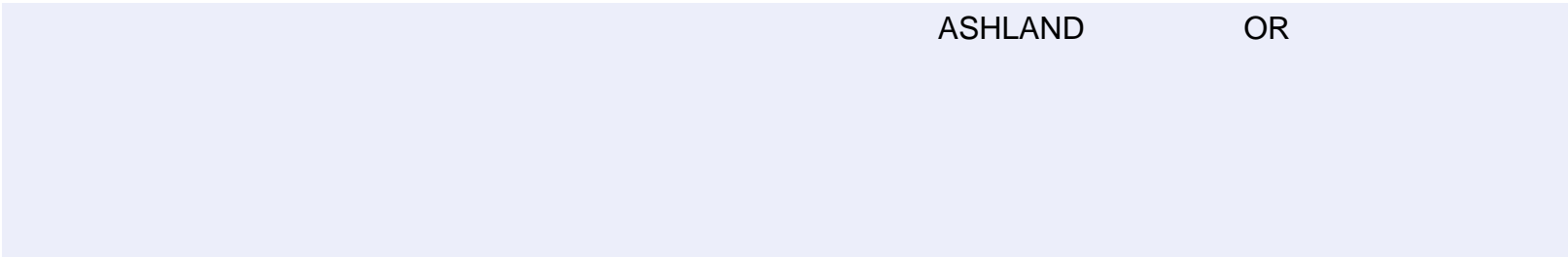
# knee

Based on Hospital Medicare Payment And Volume Measures

PORTLAND OR



PORTLAND OR



PORTLAND OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97225

WASHINGTON

5032161234

97225

WASHINGTON

5032161234

97225

WASHINGTON

5032161234

97520

JACKSON

5412014000

97227

MULTNOMAH

5034132200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$636.00 \*

\$29196.00 \*

\$14673.00

30

\$25803.00 \*

\$1657.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

380007	LEGACY EMANUEL MEDICAL CENTER	2801 N GANTENBEIN AVENUE
380009	OHSU HOSPITAL AND CLINICS	3181 SW SAM JACKSON PARK ROAD
380009	OHSU HOSPITAL AND CLINICS	3181 SW SAM JACKSON PARK ROAD
380009	OHSU HOSPITAL AND CLINICS	3181 SW SAM JACKSON PARK ROAD
380017	LEGACY GOOD SAMARITAN MEDICAL CENTER	1015 NW 22ND AVENUE, W121
380017	LEGACY GOOD SAMARITAN MEDICAL CENTER	1015 NW 22ND AVENUE, W121

# knee

Based on Hospital Medicare Payment And Volume Measures

PORTLAND      OR

PORTLAND      OR

PORTLAND      OR

PORTLAND      OR

PORTLAND      OR

PORTLAND      OR



# knee

Based on Hospital Medicare Payment And Volume Measures

97227	MULTNOMAH	5034132200
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97223	WASHINGTON	5034944036
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97223	WASHINGTON	5034944036
-------	------------	------------

97223	WASHINGTON	5034944036
-------	------------	------------

97210	MULTNOMAH	5034137682
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97210	MULTNOMAH	5034137682
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21242.00 \*

\$21497.00 23

\$23307.00 \*

\$4561.00 19

\$1645.00 \*

\$2057.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

380017	LEGACY GOOD SAMARITAN MEDICAL CENTER	1015 NW 22ND AVENUE, W121
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380018	ROGUE VALLEY MEDICAL CENTER	2825 E BARNETT ROAD
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380018	ROGUE VALLEY MEDICAL CENTER	2825 E BARNETT ROAD
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380018	ROGUE VALLEY MEDICAL CENTER	2825 E BARNETT ROAD
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380020	MCKENZIE-WILLAMETTE MEDICAL CENTER	1460 G STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

PORTLAND

OR

MEDFORD

OR

MEDFORD

OR

MEDFORD

OR

SPRINGFIELD

OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97210	MULTNOMAH	5034137682
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97504	JACKSON	5417897000
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97504	JACKSON	5417897000
-------	---------	------------

97504	JACKSON	5417897000
-------	---------	------------

97477	LANE	5417264400
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

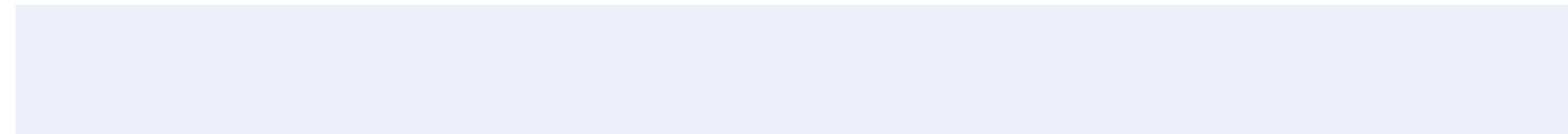
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$29523.00 \*



\$29219.00 \*

\$19572.00 \*



\$15515.00

11

\$15373.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

380020

MCKENZIE-WILLAMETTE MEDICAL  
CENTER

1460 G STREET

380021

TUALITY COMMUNITY HOSPITAL

335 SE 8TH AVENUE

380022

SAMARITAN ALBANY GENERAL  
HOSPITAL

1046 6TH AVENUE SW

380022

SAMARITAN ALBANY GENERAL  
HOSPITAL

1046 6TH AVENUE SW

# knee

Based on Hospital Medicare Payment And Volume Measures

SPRINGFIELD OR

HILLSBORO OR

ALBANY OR

ALBANY OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97477

LANE

5417264400

97123

WASHINGTON

5036811111

97321

LINN

5418124000

97321

LINN

5418124000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$28417.00 \*

\$16052.00 \*

\$15534.00 \*

\$31473.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

380022	SAMARITAN ALBANY GENERAL HOSPITAL	1046 6TH AVENUE SW
380025	LEGACY MOUNT HOOD MEDICAL CENTER	24800 SE STARK STREET
380027	MERCY MEDICAL CENTER	2700 STEWART PARKWAY
380027	MERCY MEDICAL CENTER	2700 STEWART PARKWAY
380029	SILVERTON HOSPITAL NETWORK	342 FAIRVIEW STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

ALBANY OR

GRESHAM OR

ROSEBURG OR

ROSEBURG OR

SILVERTON OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97321	LINN	5418124000
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97030	MULTNOMAH	5036741122
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97471	DOUGLAS	5416773362
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97471	DOUGLAS	5416773362
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97381	MARION	5038731500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18962.00 \*

\$13617.00 \*

\$7979.00 \*

\$15512.00 \*

\$18357.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

380029

SILVERTON HOSPITAL NETWORK

342 FAIRVIEW STREET

380038

PROVIDENCE WILLAMETTE FALLS  
MEDICAL CENTER

1500 DIVISION STREET

380038

PROVIDENCE WILLAMETTE FALLS  
MEDICAL CENTER

1500 DIVISION STREET

380040

ST CHARLES MEDICAL CENTER -  
REDMOND

1253 N CANAL BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

SILVERTON

OR

OREGON CITY

OR

OREGON CITY

OR

REDMOND

OR



# knee

Based on Hospital Medicare Payment And Volume Measures

97381

MARION

5038731500

97045

CLACKAMAS

5036576915

97045

CLACKAMAS

5036576915

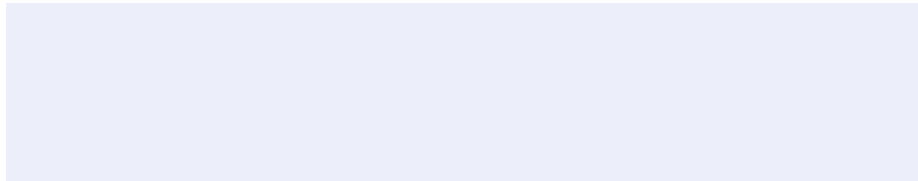
97756

DESCHUTES

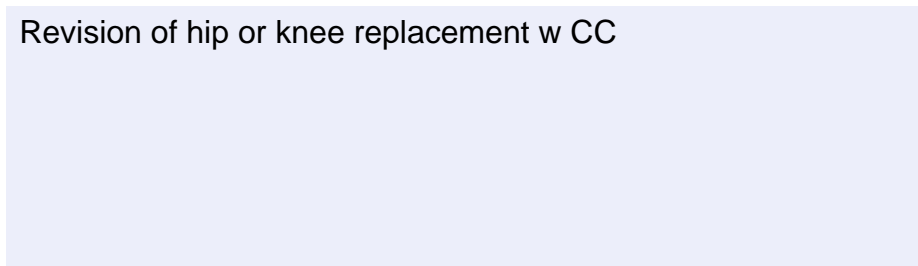
5415488131

# knee

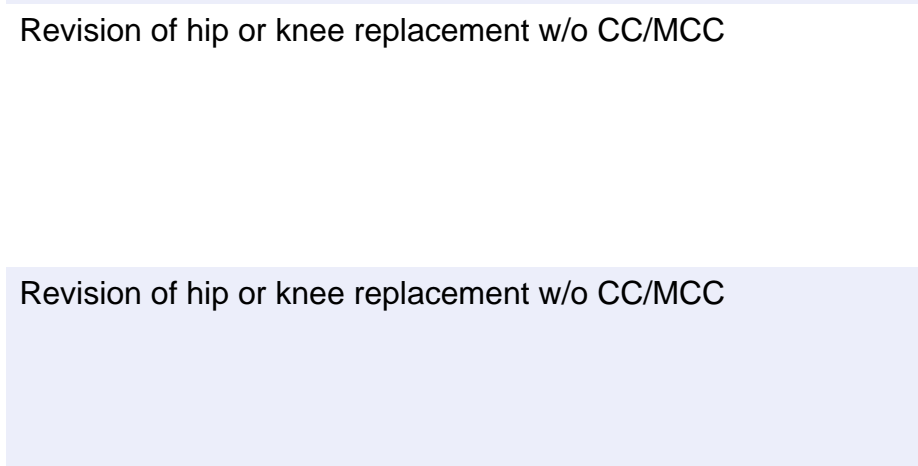
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16018.00 \*

\$1068.00 \*

\$1068.00 \*

\$21065.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

380040	ST CHARLES MEDICAL CENTER - REDMOND	1253 N CANAL BLVD
380047	ST CHARLES MEDICAL CENTER - BEND	2500 NE NEFF ROAD
380047	ST CHARLES MEDICAL CENTER - BEND	2500 NE NEFF ROAD
380047	ST CHARLES MEDICAL CENTER - BEND	2500 NE NEFF ROAD
380050	SKY LAKES MEDICAL CENTER	2865 DAGGETT STREET
380050	SKY LAKES MEDICAL CENTER	2865 DAGGETT STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

REDMOND OR

BEND OR

BEND OR

BEND OR

KLAMATH FALLS OR

KLAMATH FALLS OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97756	DESCHUTES	5415488131
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97701	DESCHUTES	5413824321
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97701	DESCHUTES	5413824321
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97701	DESCHUTES	5413824321
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97601	KLAMATH	5412746150
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97601	KLAMATH	5412746150
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$26335.00 \*

\$15657.00

19

\$32676.00 \*

\$15028.00

23

\$16278.00 \*

\$20350.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

380051	SALEM HOSPITAL	890 OAK STREET, SE
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380051	SALEM HOSPITAL	890 OAK STREET, SE
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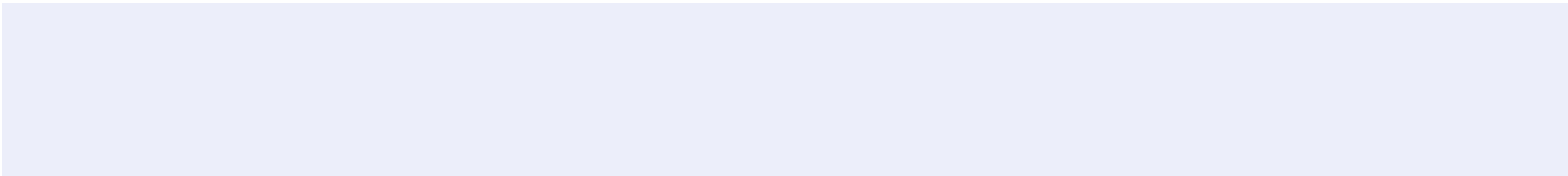
380051	SALEM HOSPITAL	890 OAK STREET, SE
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380052	ST ALPHONSUS MEDICAL CENTER - ONTARIO, INC	351 SW 9TH STREET
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380052	ST ALPHONSUS MEDICAL CENTER - ONTARIO, INC	351 SW 9TH STREET
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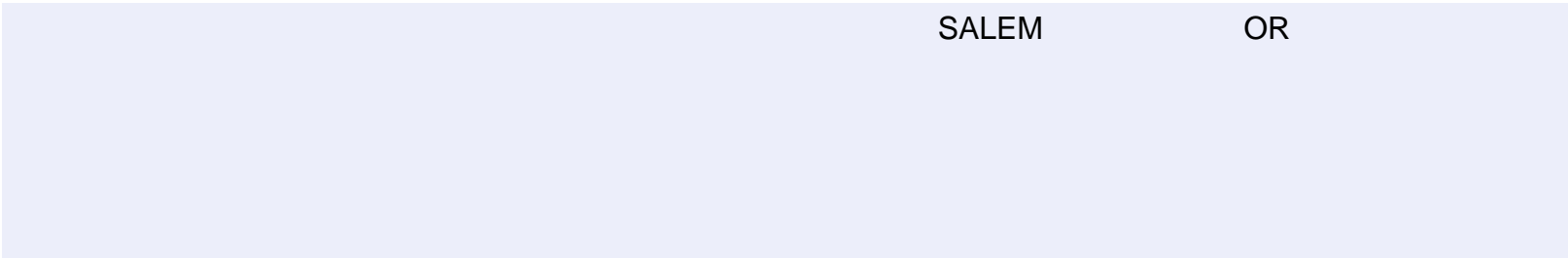
# knee

Based on Hospital Medicare Payment And Volume Measures



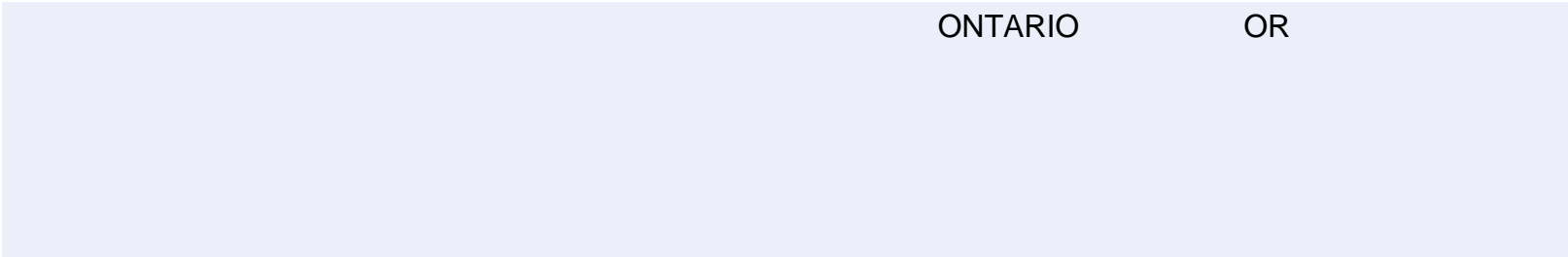
SALEM

OR



SALEM

OR



SALEM

OR

ONTARIO

OR

ONTARIO

OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97301	MARION	5035612278
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97301	MARION	5035612278
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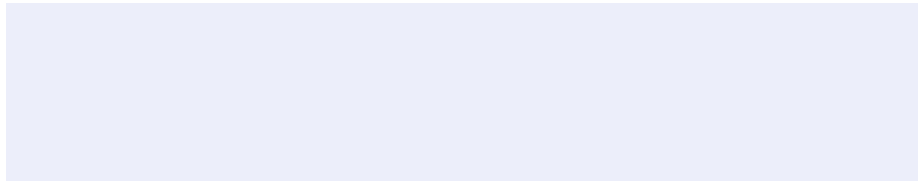
97301	MARION	5035612278
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97914	MALHEUR	5418817000
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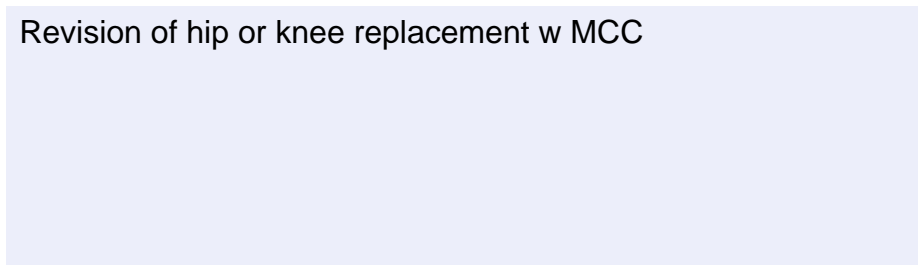
97914	MALHEUR	5418817000
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# knee

Based on Hospital Medicare Payment And Volume Measures

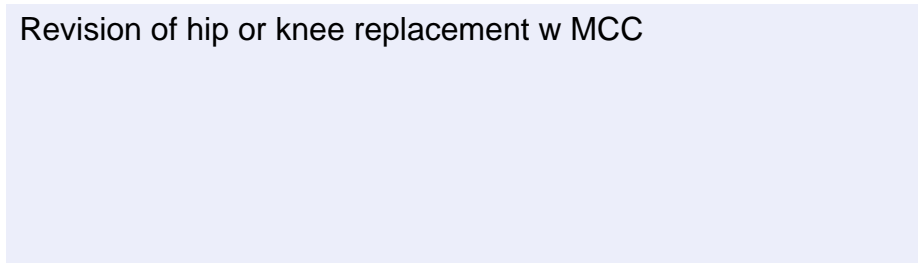


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

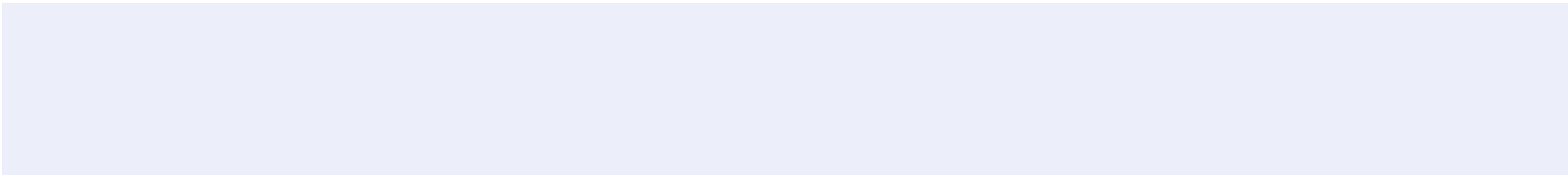
Revision of hip or knee replacement w MCC



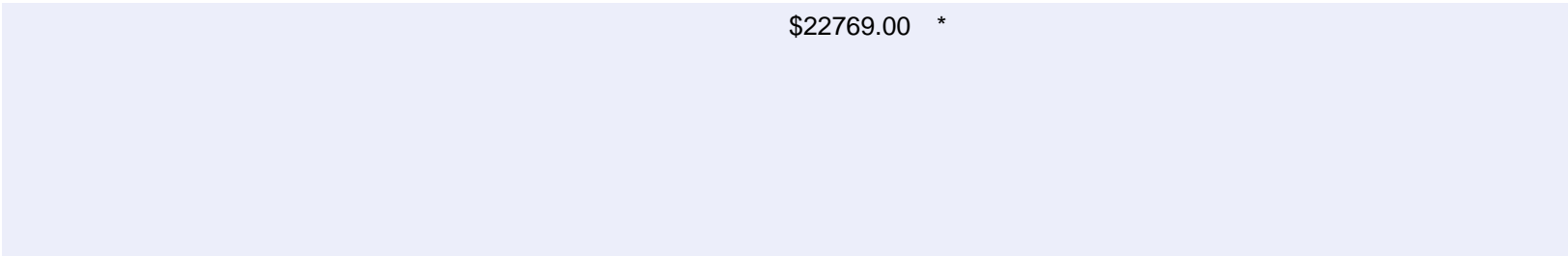
Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$19868.00 \*



\$22769.00 \*

\$16022.00 20



\$28097.00 \*

\$14602.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

380060	ADVENTIST MEDICAL CENTER	10123 SE MARKET STREET
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380060	ADVENTIST MEDICAL CENTER	10123 SE MARKET STREET
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380060	ADVENTIST MEDICAL CENTER	10123 SE MARKET STREET
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380061	PROVIDENCE PORTLAND MEDICAL CENTER	4805 NE GLISAN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

PORTLAND

OR

PORTLAND

OR

PORTLAND

OR

PORTLAND

OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97216

MULTNOMAH

5032572500

97216

MULTNOMAH

5032572500

97216

MULTNOMAH

5032572500

97213

MULTNOMAH

5032151111

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7934.00 \*

\$1.00 \*

\$1.00 \*

\$1052.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

380061	PROVIDENCE PORTLAND MEDICAL CENTER	4805 NE GLISAN STREET
380061	PROVIDENCE PORTLAND MEDICAL CENTER	4805 NE GLISAN STREET
380071	WILLAMETTE VALLEY MEDICAL CENTER	2700 SE STRATUS AVE.
380071	WILLAMETTE VALLEY MEDICAL CENTER	2700 SE STRATUS AVE.
380082	PROVIDENCE MILWAUKIE HOSPITAL	10150 SE 32ND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

PORTLAND	OR
----------	----

PORTLAND	OR
----------	----

MCMINNVILLE	OR
-------------	----

MCMINNVILLE	OR
-------------	----

MILWAUKIE	OR
-----------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

97213	MULTNOMAH	5032151111
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97213	MULTNOMAH	5032151111
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97128	YAMHILL	5034726131
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97128	YAMHILL	5034726131
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97222	CLACKAMAS	5035138336
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$16556.00 \*



\$648.00

26

\$15155.00 \*



\$18946.00 \*

\$17843.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

380082	PROVIDENCE MILWAUKIE HOSPITAL	10150 SE 32ND AVENUE
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380082	PROVIDENCE MILWAUKIE HOSPITAL	10150 SE 32ND AVENUE
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380089	LEGACY MERIDIAN PARK MEDICAL CENTER	19300 SW 65TH AVENUE
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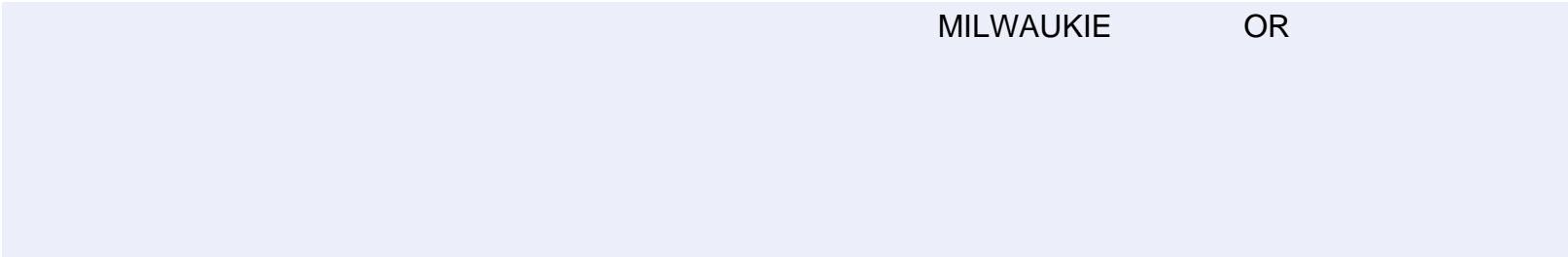
380089	LEGACY MERIDIAN PARK MEDICAL CENTER	19300 SW 65TH AVENUE
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380089	LEGACY MERIDIAN PARK MEDICAL	19300 SW 65TH AVENUE
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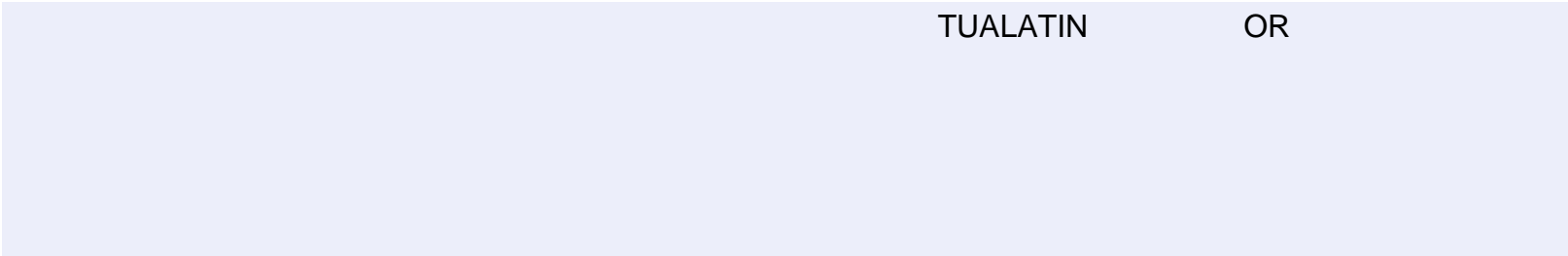
# knee

Based on Hospital Medicare Payment And Volume Measures

MILWAUKIE OR



TUALATIN OR



TUALATIN OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97222	CLACKAMAS	5035138336
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97222	CLACKAMAS	5035138336
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97062	WASHINGTON	5036921212
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97062	WASHINGTON	5036921212
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97062	WASHINGTON	5036921212
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

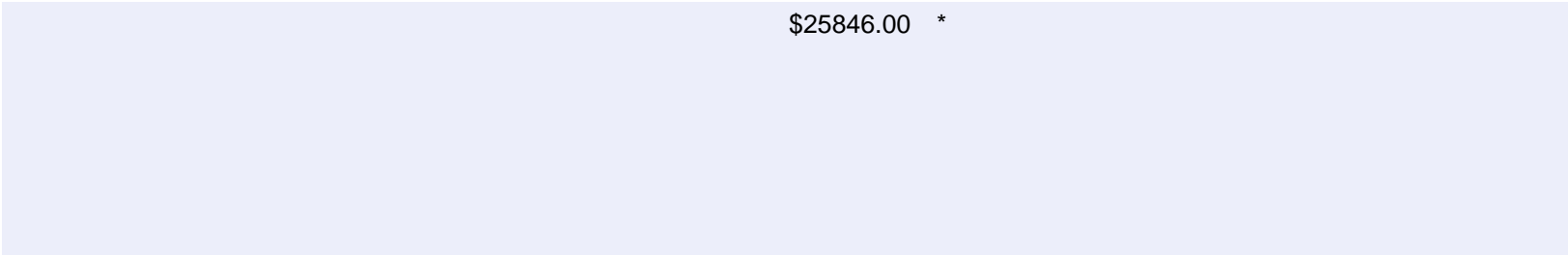
Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$19386.00 \*



\$14193.00 \*



\$14731.00

29

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

380090	CENTER BAY AREA HOSPITAL	1775 THOMPSON ROAD
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380090	BAY AREA HOSPITAL	1775 THOMPSON ROAD
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380090	BAY AREA HOSPITAL	1775 THOMPSON ROAD
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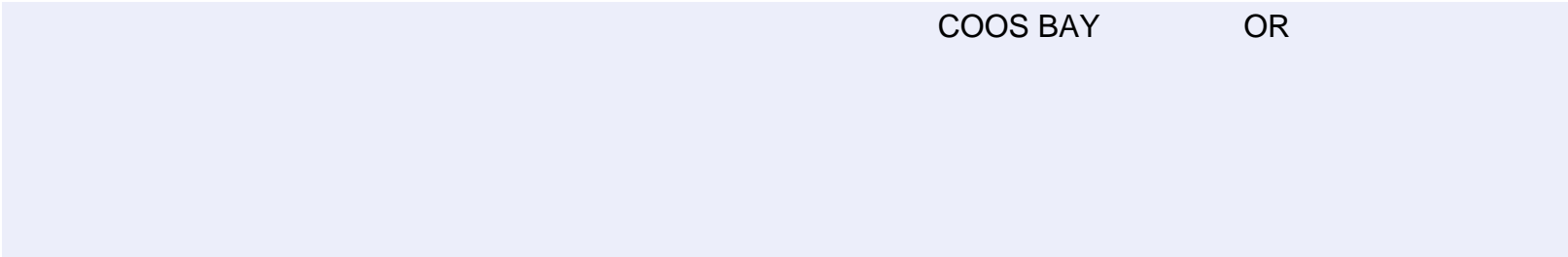
380091	KAISER SUNNYSIDE MEDICAL CENTER	10180 SE SUNNYSIDE ROAD
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380091	KAISER SUNNYSIDE MEDICAL	10180 SE SUNNYSIDE ROAD
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# knee

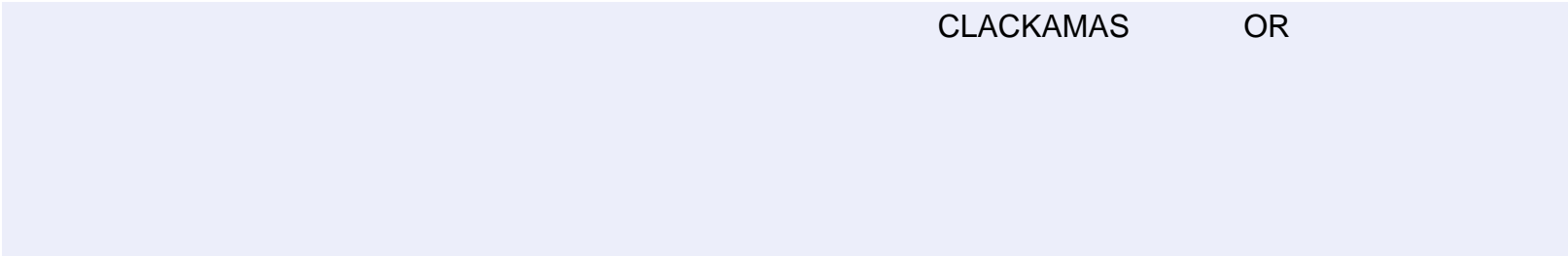
Based on Hospital Medicare Payment And Volume Measures

COOS BAY OR



COOS BAY OR

COOS BAY OR



CLACKAMAS OR

CLACKAMAS OR

# knee

Based on Hospital Medicare Payment And Volume Measures

97420                                      COOS                                      5412698111

97420                                      COOS                                      5412698111

97420                                      COOS                                      5412698111

97015                                      CLACKAMAS                                      5038132000

97015                                      CLACKAMAS                                      5038132000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16997.00 \*



\$31498.00 \*



\$939.00

11

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

380091	CENTER KAISER SUNNYSIDE MEDICAL CENTER	10180 SE SUNNYSIDE ROAD
380102	SACRED HEART MEDICAL CENTER - RIVERBEND	3333 RIVERBEND DRIVE
380102	SACRED HEART MEDICAL CENTER - RIVERBEND	3333 RIVERBEND DRIVE
380102	SACRED HEART MEDICAL CENTER - RIVERBEND	3333 RIVERBEND DRIVE
390001	COMMUNITY MEDICAL CENTER	1822 MULBERRY STREET
390001	COMMUNITY MEDICAL CENTER	1822 MULBERRY STREET
390001	COMMUNITY MEDICAL CENTER	1822 MULBERRY STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

CLACKAMAS OR

SPRINGFIELD OR

SPRINGFIELD OR

SPRINGFIELD OR

SCRANTON PA

SCRANTON PA

SCRANTON PA

# knee

Based on Hospital Medicare Payment And Volume Measures

97015	CLACKAMAS	5038132000
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97477	LANE	5412222000
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97477	LANE	5412222000
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97477	LANE	5412222000
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18510	LACKAWANNA	5709698240
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18510	LACKAWANNA	5709698240
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18510	LACKAWANNA	5709698240
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$751.00	15
	\$14764.00	13
	\$18458.00	20
	\$26482.00 *	
	\$22143.00 *	
	\$16349.00 *	
	\$14252.00	18

# knee

Based on Hospital Medicare Payment And Volume Measures



An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390002

UPMC MCKEESPORT

1500 FIFTH AVENUE

390003

BLOOMSBURG HOSPITAL

549 EAST FAIR STREET

390003

BLOOMSBURG HOSPITAL

549 EAST FAIR STREET

390004

HOLY SPIRIT HOSPITAL

503 NORTH 21ST STREET

390004

HOLY SPIRIT HOSPITAL

503 NORTH 21ST STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

MC KEESPORT PA

BLOOMSBURG PA

BLOOMSBURG PA

CAMP HILL PA

CAMP HILL PA



# knee

Based on Hospital Medicare Payment And Volume Measures

15132

ALLEGHENY

4126642000

17815

COLUMBIA

5703872100

17815

COLUMBIA

5703872100

17011

CUMBERLAND

7177632100

17011

CUMBERLAND

7177632100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$2067.00 \*

\$10392.00 \*

\$13299.00 \*

\$12951.00 \*

\$13498.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

390004	HOLY SPIRIT HOSPITAL	503 NORTH 21ST STREET
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390006	GEISINGER MEDICAL CENTER	100 NORTH ACADEMY AVENUE
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390006	GEISINGER MEDICAL CENTER	100 NORTH ACADEMY AVENUE
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390006	GEISINGER MEDICAL CENTER	100 NORTH ACADEMY AVENUE
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390008	ELLWOOD CITY HOSPITAL	724 PERSHING STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

CAMP HILL PA

DANVILLE PA

DANVILLE PA

DANVILLE PA

ELLWOOD CITY PA

# knee

Based on Hospital Medicare Payment And Volume Measures

17011	CUMBERLAND	7177632100
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17822	MONTOUR	5702716211
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17822	MONTOUR	5702716211
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17822	MONTOUR	5702716211
-------	---------	------------

16117	LAWRENCE	7247520081
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$42.00 \*

\$23753.00 \*

\$15205.00

30

\$3836.00

48

\$16235.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390009	SAINT VINCENT HEALTH CENTER	232 WEST 25TH STREET
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390009	SAINT VINCENT HEALTH CENTER	232 WEST 25TH STREET
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390012	LANSDALE HOSPITAL	100 MEDICAL CAMPUS DRIVE
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390013	EVANGELICAL COMMUNITY HOSPITAL	ONE HOSPITAL DRIVE
--------	-----------------------------------	--------------------

390013	EVANGELICAL COMMUNITY	ONE HOSPITAL DRIVE
--------	-----------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

	ERIE	PA
	ERIE	PA
	LANSDALE	PA
	LEWISBURG	PA
	LEWISBURG	PA

# knee

Based on Hospital Medicare Payment And Volume Measures

16544

ERIE

8144525000

16544

ERIE

8144525000

19446

MONTGOMERY

2153682100

17837

UNION

5705222200

17837

UNION

5705222200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15193.00 \*

\$478.00 \*

\$18157.00 \*

\$16115.00 \*

\$22610.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITAL

390013

EVANGELICAL COMMUNITY  
HOSPITAL

ONE HOSPITAL DRIVE

390019

PALMERTON HOSPITAL

135 LAFAYETTE AVENUE

390019

PALMERTON HOSPITAL

135 LAFAYETTE AVENUE

390019

PALMERTON HOSPITAL

135 LAFAYETTE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

LEWISBURG PA

PALMERTON PA

PALMERTON PA

PALMERTON PA

# knee

Based on Hospital Medicare Payment And Volume Measures

17837	UNION	5705222200
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18071	CARBON	6108263141
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18071	CARBON	6108263141
-------	--------	------------

18071	CARBON	6108263141
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12890.00 \*

\$20396.00 \*

\$16627.00 \*

\$13299.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390026

CHESTNUT HILL HOSPITAL

8835 GERMANTOWN AVE

390026

CHESTNUT HILL HOSPITAL

8835 GERMANTOWN AVE

390027

TEMPLE UNIVERSITY HOSPITAL

3401 NORTH BROAD  
STREET

390027

TEMPLE UNIVERSITY HOSPITAL

3401 NORTH BROAD  
STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

PHILADELPHIA PA

PHILADELPHIA PA

PHILADELPHIA PA



# knee

Based on Hospital Medicare Payment And Volume Measures



19118

PHILADELPHIA

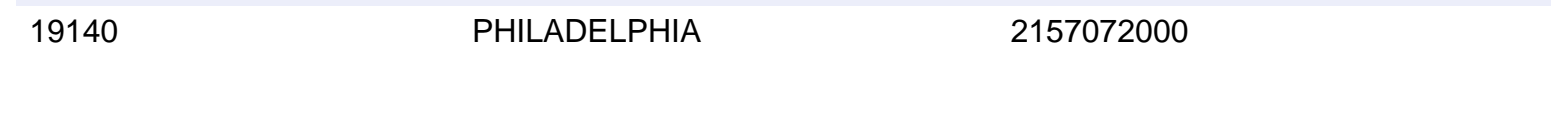
2152488200



19118

PHILADELPHIA

2152488200



19140

PHILADELPHIA

2157072000



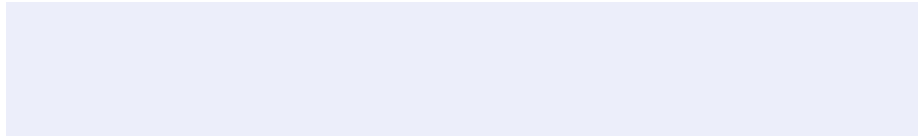
19140

PHILADELPHIA

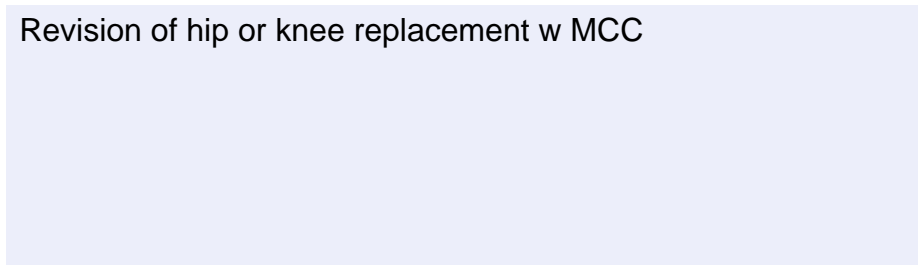
2157072000

# knee

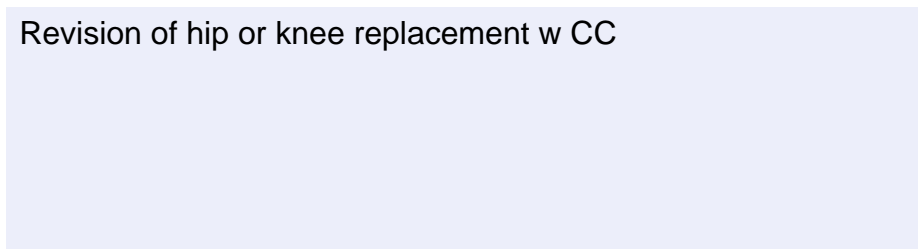
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16621.00 \*

\$12476.00 \*

\$6727.00 \*

\$4256.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390027	TEMPLE UNIVERSITY HOSPITAL	3401 NORTH BROAD STREET
390028	UPMC MERCY	1400 LOCUST STREET
390028	UPMC MERCY	1400 LOCUST STREET
390028	UPMC MERCY	1400 LOCUST STREET
390030	SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET	420 SOUTH JACKSON STREET
390030	SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET	420 SOUTH JACKSON STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

PITTSBURGH PA

PITTSBURGH PA

PITTSBURGH PA

POTTSVILLE PA

POTTSVILLE PA

# knee

Based on Hospital Medicare Payment And Volume Measures

19140	PHILADELPHIA	2157072000
15219	ALLEGHENY	4122328111
15219	ALLEGHENY	4122328111
15219	ALLEGHENY	4122328111
17901	SCHUYLKILL	5706215000
17901	SCHUYLKILL	5706215000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$3404.00

13

\$2312.00 \*

\$16679.00

15

\$4024.00 \*

\$13498.00 \*

\$16757.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390031	SCHUYLKILL MEDICAL CENTER - EAST NORWEGIAN STREET	700 EAST NORWEGIAN STREET
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390032	ALLE KISKI MEDICAL CENTER	1301 CARLISLE ST
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390032	ALLE KISKI MEDICAL CENTER	1301 CARLISLE ST
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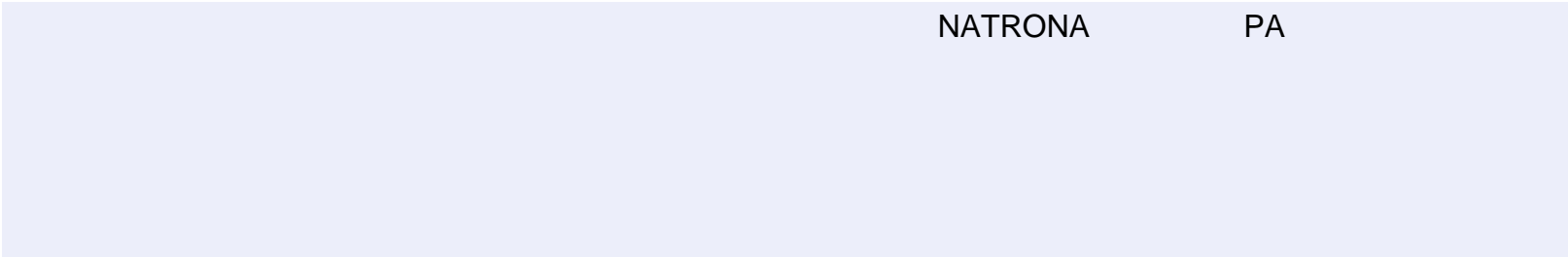
390035	ST LUKE'S QUAKERTOWN HOSPITAL	1021 PARK AVENUE
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# knee

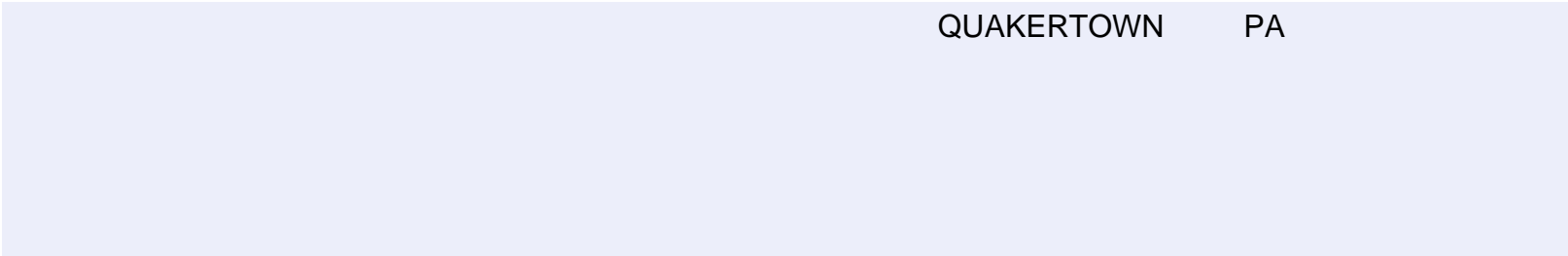
Based on Hospital Medicare Payment And Volume Measures



POTTSVILLE PA



NATRONA PA



QUAKERTOWN PA

# knee

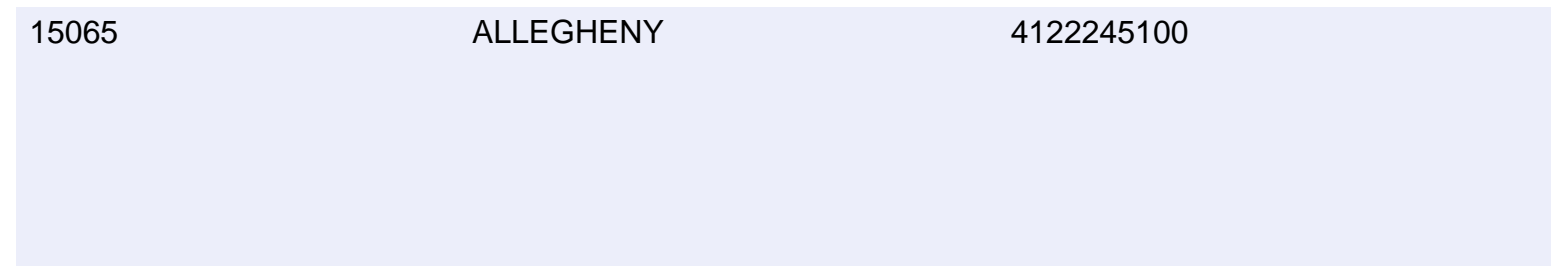
Based on Hospital Medicare Payment And Volume Measures



17901

SCHUYLKILL

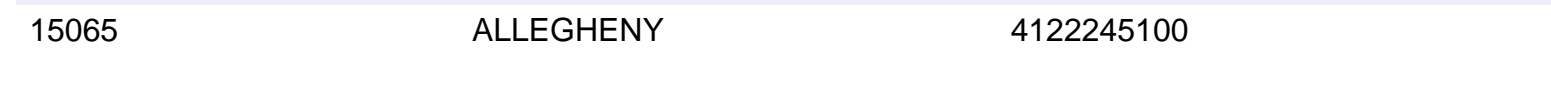
5706214000



15065

ALLEGHENY

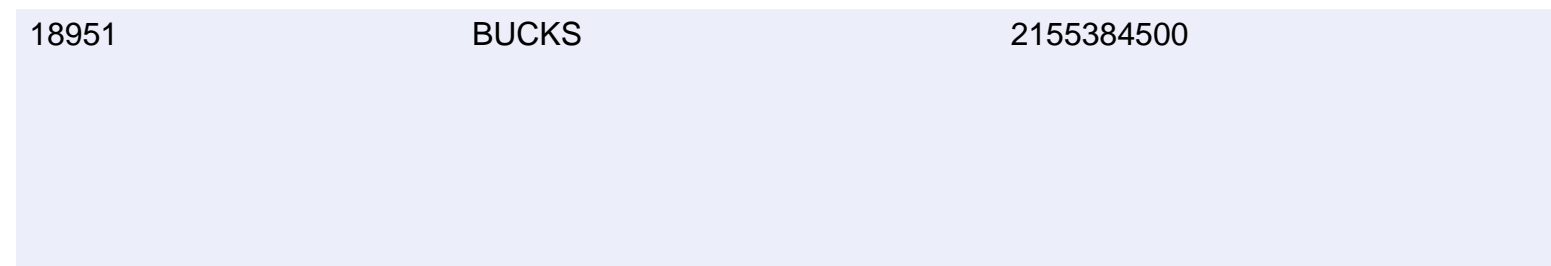
4122245100



15065

ALLEGHENY

4122245100



18951

BUCKS

2155384500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12836.00 \*

\$12960.00 \*

\$12442.00 \*

\$14502.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390036	HERITAGE VALLEY BEAVER	1000 DUTCH RIDGE ROAD
390036	HERITAGE VALLEY BEAVER	1000 DUTCH RIDGE ROAD
390036	HERITAGE VALLEY BEAVER	1000 DUTCH RIDGE ROAD
390037	HERITAGE VALLEY SEWICKLEY	720 BLACKBURN ROAD
390037	HERITAGE VALLEY SEWICKLEY	720 BLACKBURN ROAD
390039	SOMERSET HOSPITAL	225 SOUTH CENTER AVENUE
390041	UNIONTOWN HOSPITAL	500 WEST BERKELEY STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BEAVER PA

BEAVER PA

BEAVER PA

SEWICKLEY PA

SEWICKLEY PA

SOMERSET PA

UNIONTOWN PA

# knee

Based on Hospital Medicare Payment And Volume Measures

15009	BEAVER	4127287000
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15009	BEAVER	4127287000
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15009	BEAVER	4127287000
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15143	ALLEGHENY	4127416600
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15143	ALLEGHENY	4127416600
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15501	SOMERSET	8144435000
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15401	FAYETTE	7244305000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$970.00 \*

\$676.00 12

\$538.00 12

\$9679.00 \*

\$15559.00 13

\$13020.00 \*

\$13643.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390041	UNIONTOWN HOSPITAL	500 WEST BERKELEY STREET
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390041	UNIONTOWN HOSPITAL	500 WEST BERKELEY STREET
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390042	WASHINGTON HOSPITAL, THE	155 WILSON AVENUE
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390042	WASHINGTON HOSPITAL, THE	155 WILSON AVENUE
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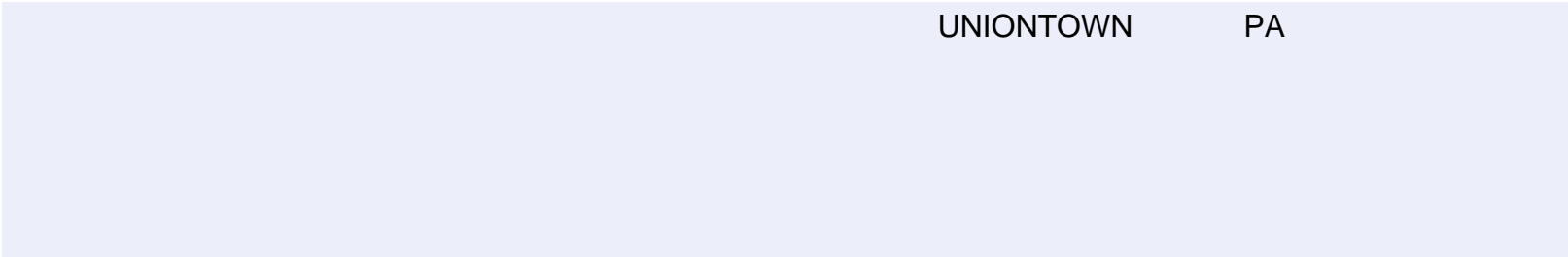
390042	WASHINGTON HOSPITAL, THE	155 WILSON AVENUE
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# knee

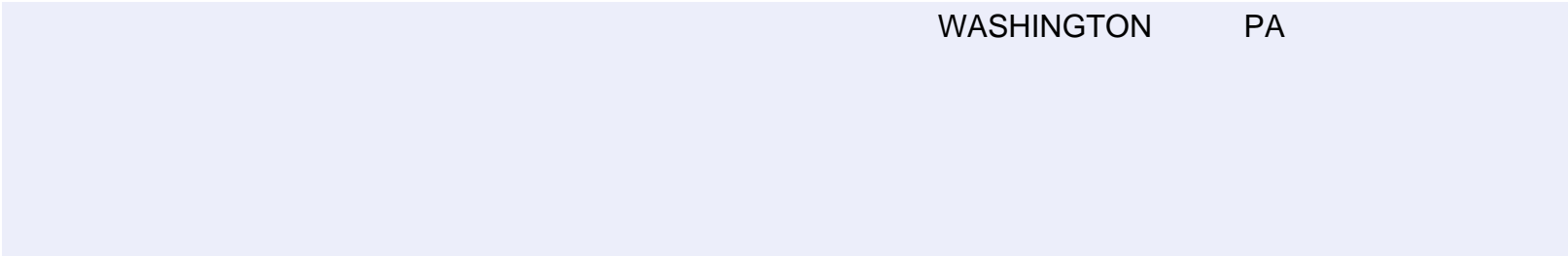
Based on Hospital Medicare Payment And Volume Measures



UNIONTOWN PA



UNIONTOWN PA



WASHINGTON PA



WASHINGTON PA



# knee

Based on Hospital Medicare Payment And Volume Measures

15401	FAYETTE	7244305000
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15401	FAYETTE	7244305000
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15301	WASHINGTON	7242257000
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15301	WASHINGTON	7242257000
-------	------------	------------

15301	WASHINGTON	7242257000
-------	------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17057.00 \*

\$25272.00 \*

\$11834.00 \*

\$13620.00 \*

\$591.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

390043	SOLDIERS AND SAILORS MEMORIAL HOSPITAL	32-36 CENTRAL AVENUE
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390043	SOLDIERS AND SAILORS MEMORIAL HOSPITAL	32-36 CENTRAL AVENUE
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390044	READING HOSPITAL MEDICAL CENTER	SIXTH AVENUE AND SPRUCE ST
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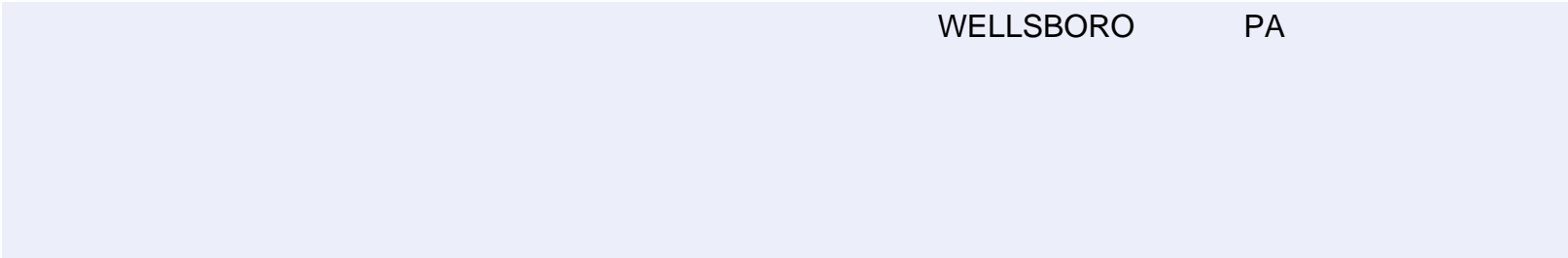
390044	READING HOSPITAL MEDICAL CENTER	SIXTH AVENUE AND SPRUCE ST
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390044	READING HOSPITAL MEDICAL	SIXTH AVENUE AND
--------	--------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

WELLSBORO PA



WELLSBORO PA

READING PA



READING PA

READING PA

# knee

Based on Hospital Medicare Payment And Volume Measures

16901	TIOGA	5707241631
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16901	TIOGA	5707241631
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19603	BERKS	6109888000
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19603	BERKS	6109888000
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19603	BERKS	6109888000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13990.00 \*

\$18496.00 \*

\$27273.00 \*

\$18851.00

35

\$15078.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

	CENTER	SPRUCE ST
390045	WILLIAMSPORT HOSPITAL & MEDICAL CENTER	777 RURAL AVE
390045	WILLIAMSPORT HOSPITAL & MEDICAL CENTER	777 RURAL AVE
390045	WILLIAMSPORT HOSPITAL & MEDICAL CENTER	777 RURAL AVE
390046	YORK HOSPITAL	1001 SOUTH GEORGE STREET
390046	YORK HOSPITAL	1001 SOUTH GEORGE

# knee

Based on Hospital Medicare Payment And Volume Measures

WILLIAMSPORT PA

WILLIAMSPORT PA

WILLIAMSPORT PA

YORK PA

YORK PA

# knee

Based on Hospital Medicare Payment And Volume Measures

17701	LYCOMING	5703211000
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17701	LYCOMING	5703211000
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17701	LYCOMING	5703211000
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17403	YORK	7178512345
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17403	YORK	7178512345
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14555.00 \*

\$18156.00

19

\$26929.00 \*

\$2944.00 \*

\$16375.00

25

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

STREET

1001 SOUTH GEORGE  
STREET

390046

YORK HOSPITAL

390048

LEWISTOWN HOSPITAL

400 HIGHLAND AVENUE

390049

ST LUKE'S HOSPITAL BETHLEHEM

801 OSTRUM STREET

390049

ST LUKE'S HOSPITAL BETHLEHEM

801 OSTRUM STREET

390049

ST LUKE'S HOSPITAL BETHLEHEM

801 OSTRUM STREET

390050

ALLEGHENY GENERAL HOSPITAL

320 EAST NORTH AVENUE

390050

ALLEGHENY GENERAL HOSPITAL

320 EAST NORTH AVENUE

390050

ALLEGHENY GENERAL HOSPITAL

320 EAST NORTH AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

YORK PA

LEWISTOWN PA

BETHLEHEM PA

BETHLEHEM PA

BETHLEHEM PA

PITTSBURGH PA

PITTSBURGH PA

PITTSBURGH PA

# knee

Based on Hospital Medicare Payment And Volume Measures

17403	YORK	7178512345
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17044	MIFFLIN	7172485411
-------	---------	------------

18015	NORTHAMPTON	6109544000
-------	-------------	------------

18015	NORTHAMPTON	6109544000
-------	-------------	------------

18015	NORTHAMPTON	6109544000
-------	-------------	------------

15212	ALLEGHENY	4123593131
-------	-----------	------------

15212	ALLEGHENY	4123593131
-------	-----------	------------

15212	ALLEGHENY	4123593131
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15717.00 28

\$25538.00 \*

\$15587.00 \*

\$19171.00 12

\$15369.00 \*

\$2554.00 13

\$3245.00 57

\$23600.00 16

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390057	GRAND VIEW HOSPITAL	700 LAWN AVENUE
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390057	GRAND VIEW HOSPITAL	700 LAWN AVENUE
--------	---------------------	-----------------

390057	GRAND VIEW HOSPITAL	700 LAWN AVENUE
--------	---------------------	-----------------

390058	CARLISLE REGIONAL MEDICAL CENTER	361 ALEXANDER SPRING ROAD
--------	-------------------------------------	------------------------------

390058	CARLISLE REGIONAL MEDICAL CENTER	361 ALEXANDER SPRING ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

SELLERSVILLE PA

SELLERSVILLE PA

SELLERSVILLE PA

CARLISLE PA

CARLISLE PA



# knee

Based on Hospital Medicare Payment And Volume Measures

18960	BUCKS	2154534615
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18960	BUCKS	2154534615
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18960	BUCKS	2154534615
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17015	CUMBERLAND	7172491212
-------	------------	------------

17015	CUMBERLAND	7172491212
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18193.00 \*

\$15129.00 \*

\$14520.00 \*

\$12911.00 \*

\$16138.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

390061

LANCASTER REGIONAL MEDICAL  
CENTER

250 COLLEGE AVENUE

390061

LANCASTER REGIONAL MEDICAL  
CENTER

250 COLLEGE AVENUE

390061

LANCASTER REGIONAL MEDICAL  
CENTER

250 COLLEGE AVENUE

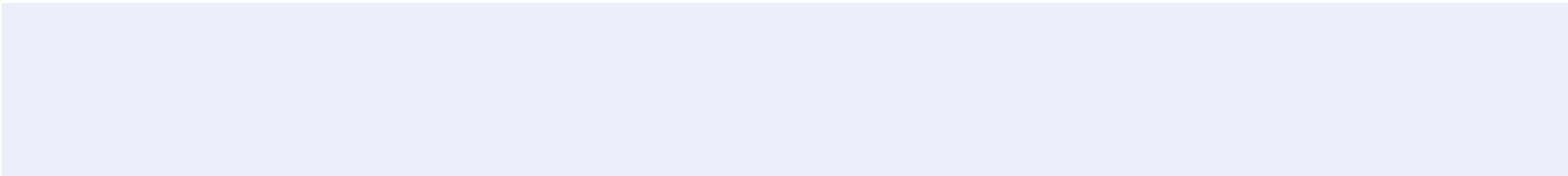
390063

HAMOT MEDICAL CENTER

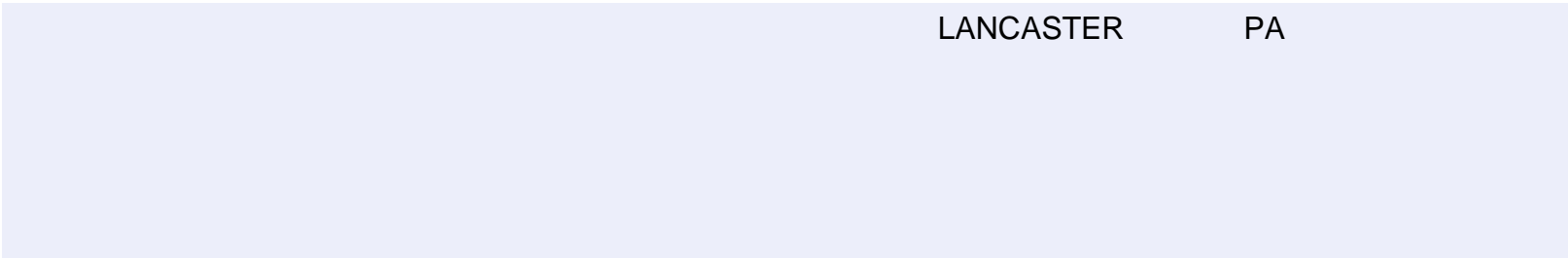
201 STATE STREET

# knee

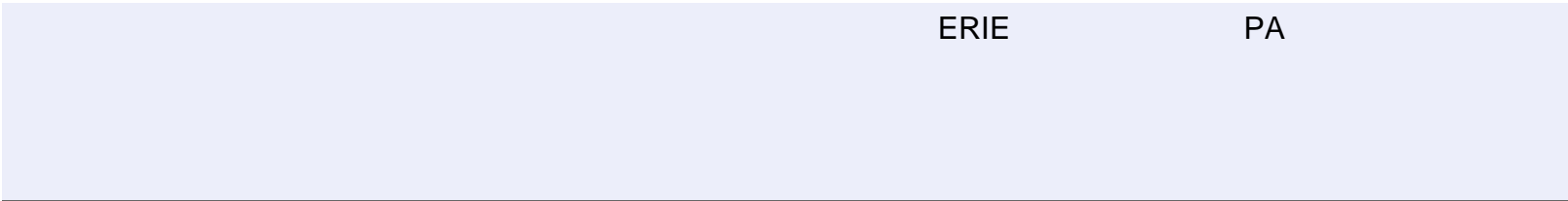
Based on Hospital Medicare Payment And Volume Measures



LANCASTER PA



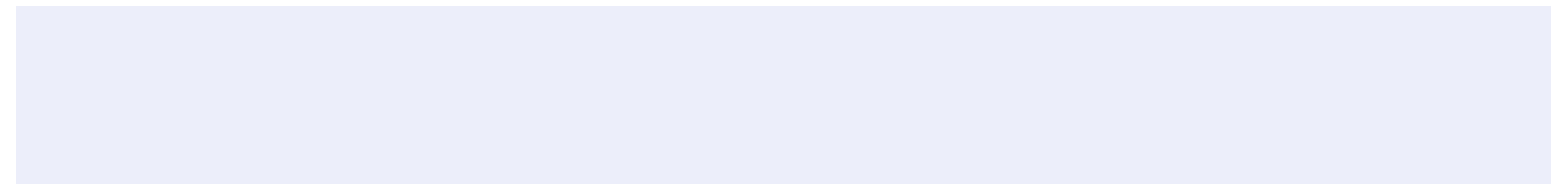
LANCASTER PA



ERIE PA

# knee

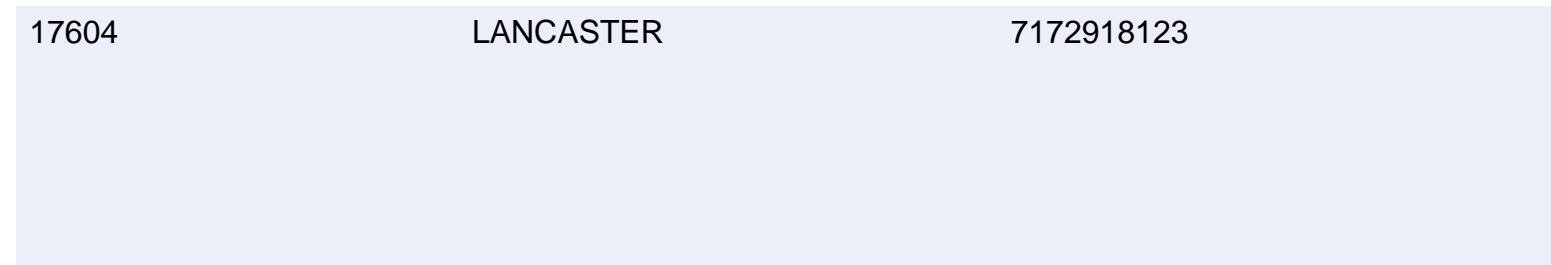
Based on Hospital Medicare Payment And Volume Measures



17604

LANCASTER

7172918123



17604

LANCASTER

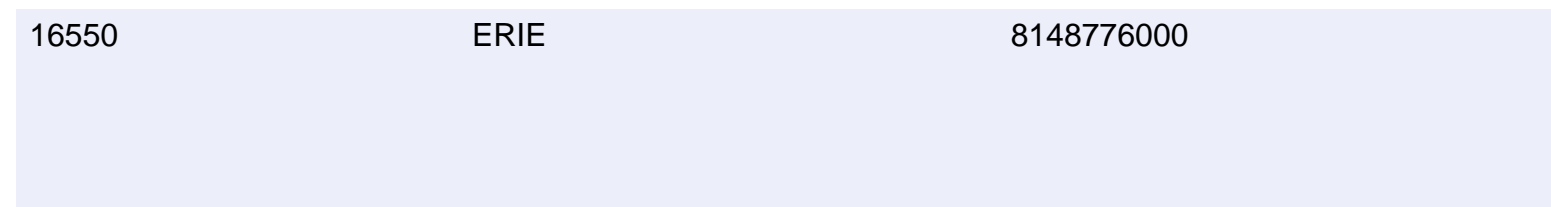
7172918123



17604

LANCASTER

7172918123



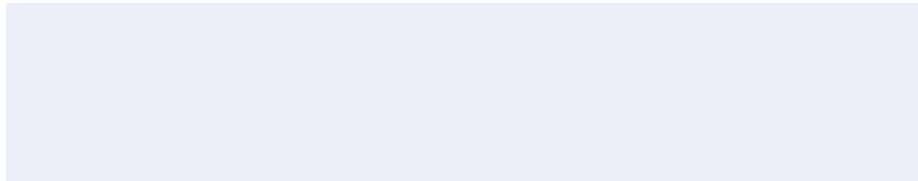
16550

ERIE

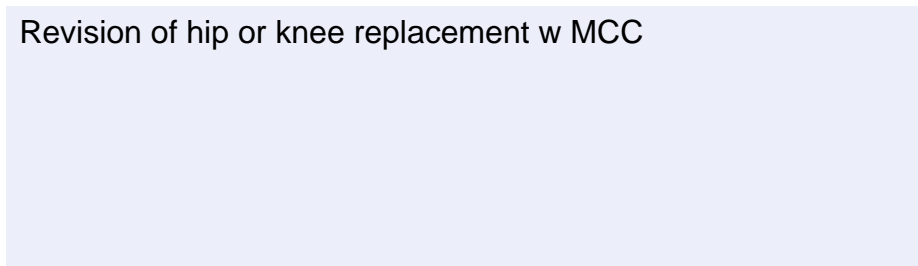
8148776000

# knee

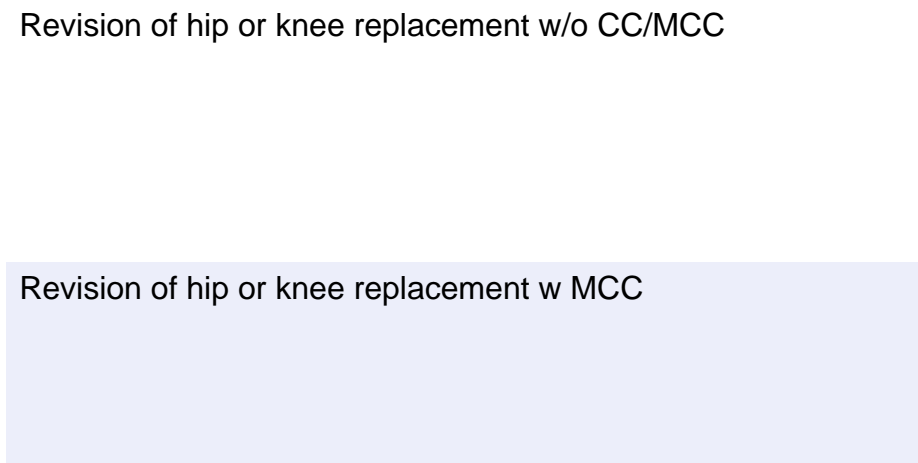
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

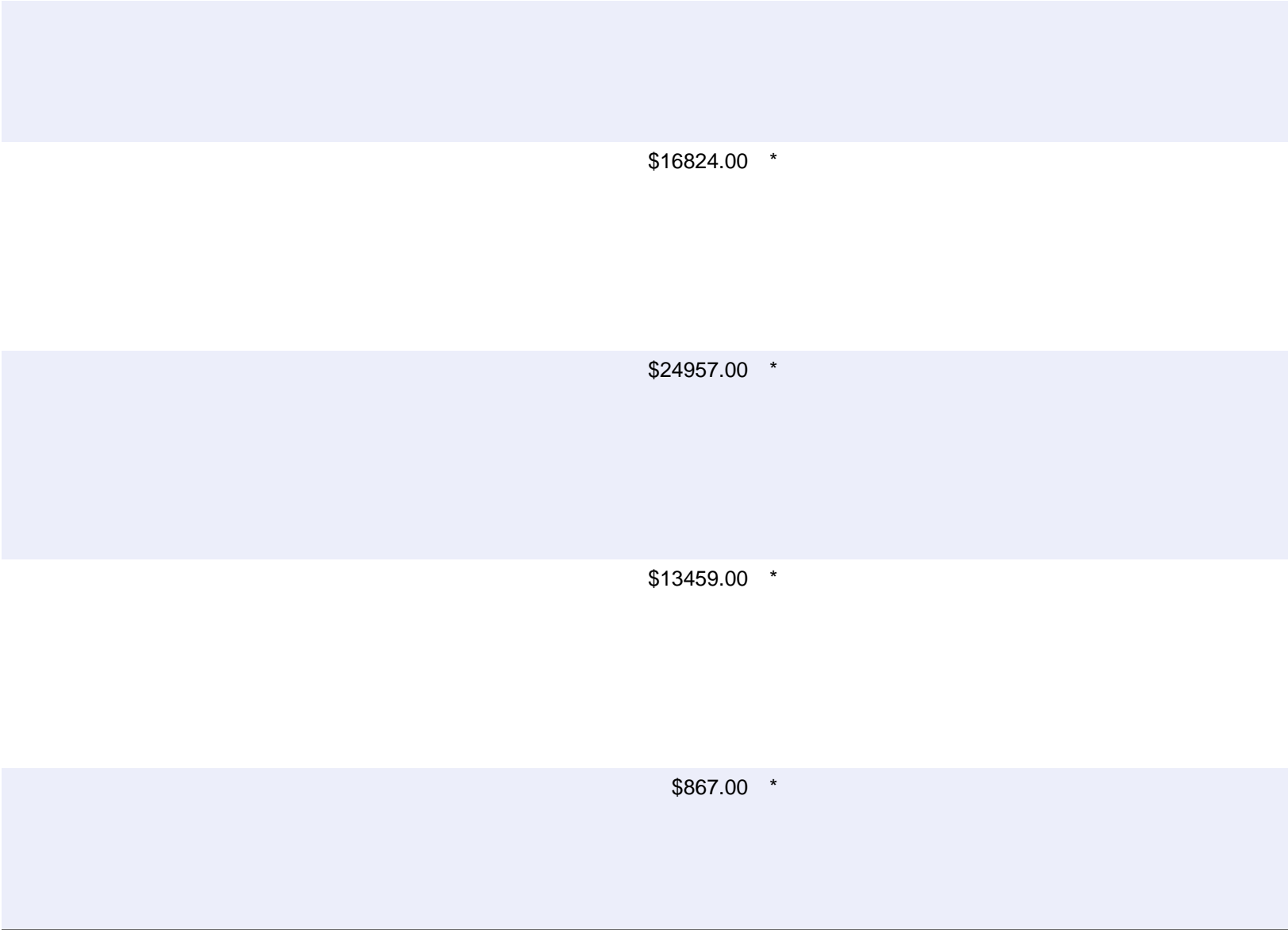


Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



Category	Value
Category 1	\$16824.00 *
Category 2	\$24957.00 *
Category 3	\$867.00 *

\$16824.00 \*

\$24957.00 \*

\$13459.00 \*

\$867.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

390063	HAMOT MEDICAL CENTER	201 STATE STREET
390063	HAMOT MEDICAL CENTER	201 STATE STREET
390065	GETTYSBURG HOSPITAL	147 GETTYS STREET
390065	GETTYSBURG HOSPITAL	147 GETTYS STREET
390065	GETTYSBURG HOSPITAL	147 GETTYS STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	ERIE	PA
	ERIE	PA
	GETTYSBURG	PA
	GETTYSBURG	PA
	GETTYSBURG	PA

# knee

Based on Hospital Medicare Payment And Volume Measures

16550	ERIE	8148776000
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16550	ERIE	8148776000
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17325	ADAMS	7173342121
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17325	ADAMS	7173342121
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17325	ADAMS	7173342121
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14524.00	27
	\$7180.00 *	
	\$15217.00 *	
	\$19025.00 *	
	\$29153.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

390066	GOOD SAMARITAN HOSPITAL	FOURTH AND WALNUT STREETS
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390066	GOOD SAMARITAN HOSPITAL	FOURTH AND WALNUT STREETS
--------	-------------------------	------------------------------

390066	GOOD SAMARITAN HOSPITAL	FOURTH AND WALNUT STREETS
--------	-------------------------	------------------------------

390067	PINNACLE HEALTH HOSPITALS	409 SOUTH SECOND STREET
--------	---------------------------	----------------------------

390067	PINNACLE HEALTH HOSPITALS	409 SOUTH SECOND STREET
--------	---------------------------	----------------------------

390067	PINNACLE HEALTH HOSPITALS	409 SOUTH SECOND STREET
--------	---------------------------	----------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LEBANON	PA
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LEBANON	PA
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LEBANON	PA
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HARRISBURG	PA
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HARRISBURG	PA
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HARRISBURG	PA
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# knee

Based on Hospital Medicare Payment And Volume Measures

17042	LEBANON	7172707500
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17042	LEBANON	7172707500
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17042	LEBANON	7172707500
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17105	DAUPHIN	7177825181
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17105	DAUPHIN	7177825181
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17105	DAUPHIN	7177825181
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20411.00	*	
	\$15558.00	*	
	\$13575.00	*	
	\$14776.00		55
	\$15394.00		78
	\$25918.00	*	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

390070

LOWER BUCKS HOSPITAL

501 BATH ROAD

390070

LOWER BUCKS HOSPITAL

501 BATH ROAD

390070

LOWER BUCKS HOSPITAL

501 BATH ROAD

390072

BERWICK HOSPITAL CENTER

701 EAST 16TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BRISTOL

PA

BRISTOL

PA

BRISTOL

PA

BERWICK

PA



# knee

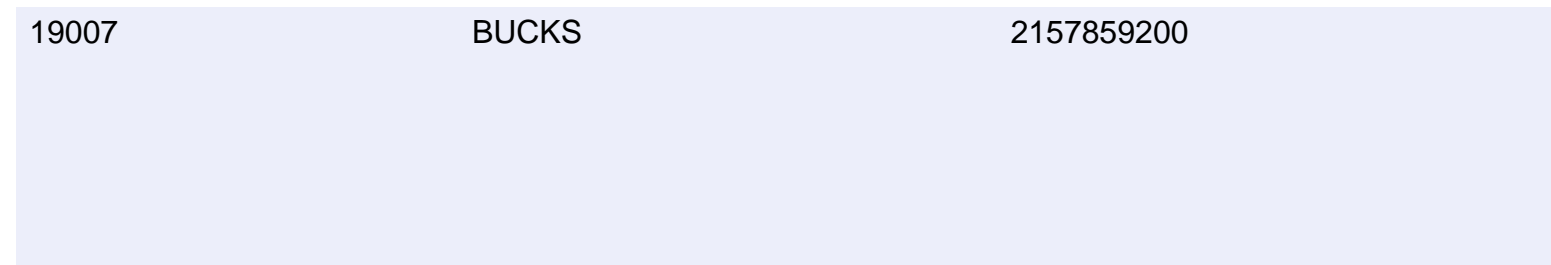
Based on Hospital Medicare Payment And Volume Measures



19007

BUCKS

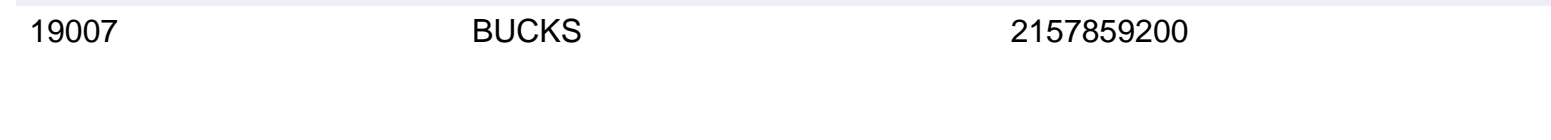
2157859200



19007

BUCKS

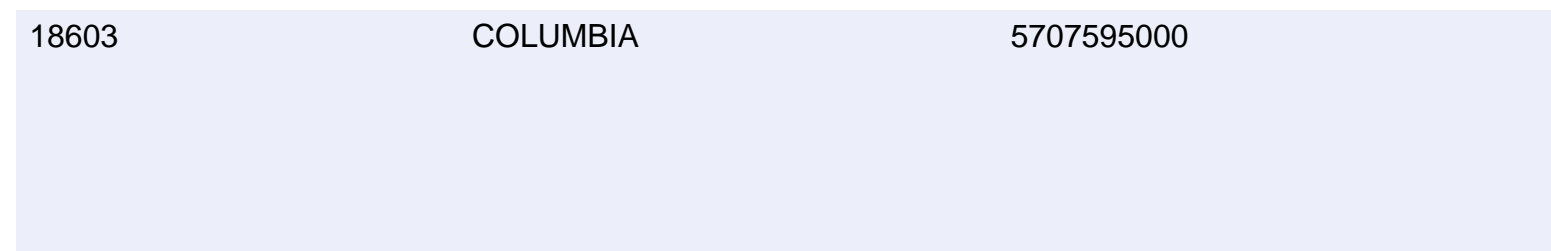
2157859200



19007

BUCKS

2157859200



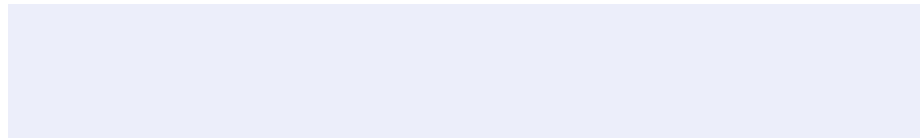
18603

COLUMBIA

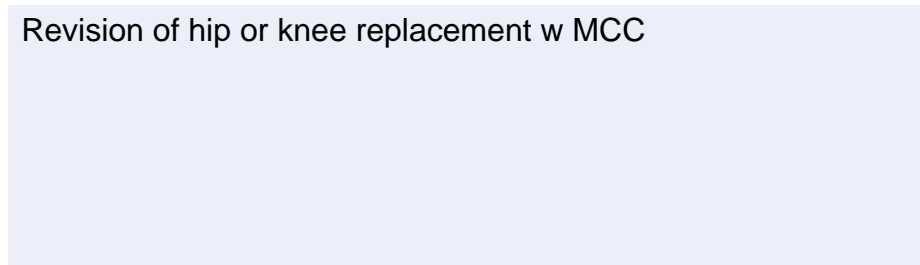
5707595000

# knee

Based on Hospital Medicare Payment And Volume Measures

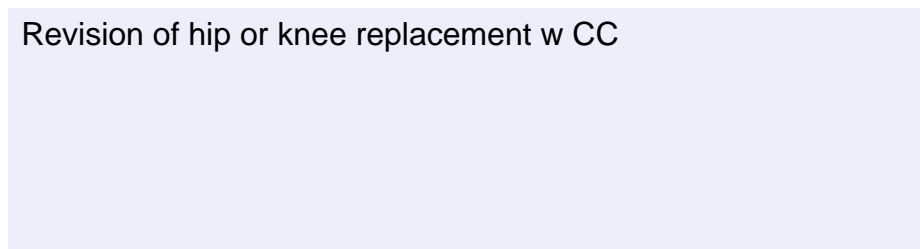


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15211.00 \*

\$28224.00 \*

\$18995.00 \*

\$10836.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

390073	ALTOONA REGIONAL HEALTH SYSTEM	620 HOWARD AVENUE
390073	ALTOONA REGIONAL HEALTH SYSTEM	620 HOWARD AVENUE
390073	ALTOONA REGIONAL HEALTH SYSTEM	620 HOWARD AVENUE
390076	BRANDYWINE HOSPITAL	201 REESEVILLE ROAD
390079	ROBERT PACKER HOSPITAL	ONE GUTHRIE SQUARE
390079	ROBERT PACKER HOSPITAL	ONE GUTHRIE SQUARE
390079	ROBERT PACKER HOSPITAL	ONE GUTHRIE SQUARE

# knee

Based on Hospital Medicare Payment And Volume Measures

ALTOONA	PA
---------	----

ALTOONA	PA
---------	----

ALTOONA	PA
---------	----

COATESVILLE	PA
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SAYRE	PA
-------	----

SAYRE	PA
-------	----

SAYRE	PA
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# knee

Based on Hospital Medicare Payment And Volume Measures

16601	BLAIR	8148892011
16601	BLAIR	8148892011
16601	BLAIR	8148892011
19320	CHESTER	6103838000
18840	BRADFORD	5708886666
18840	BRADFORD	5708886666
18840	BRADFORD	5708886666

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



knee

Based on Hospital Medicare Payment And Volume Measures

	\$477.00	*
	\$10110.00	17
	\$247.00	18
	\$14949.00	*
	\$26481.00	12
	\$14987.00	34
	\$14280.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390080	JEANES HOSPITAL	7600 CENTRAL AVE
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390080	JEANES HOSPITAL	7600 CENTRAL AVE
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390081	DELAWARE COUNTY MEMORIAL HOSPITAL	501 NORTH LANSDOWNE AVE
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390081	DELAWARE COUNTY MEMORIAL HOSPITAL	501 NORTH LANSDOWNE AVE
--------	--------------------------------------	----------------------------

390084	SUNBURY COMMUNITY HOSPITAL	350 NORTH 11TH STREET
--------	----------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

PHILADELPHIA PA

DREXEL HILL PA

DREXEL HILL PA

SUNBURY PA

# knee

Based on Hospital Medicare Payment And Volume Measures

19111	PHILADELPHIA	2157282000
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19111	PHILADELPHIA	2157282000
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19026	DELAWARE	2152848100
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19026	DELAWARE	2152848100
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17801	NORTHUMBERLAND	5702863333
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18994.00 \*

\$26636.00 \*

\$18425.00 \*

\$8557.00 \*

\$37279.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

390086	DUBOIS REGIONAL MEDICAL CENTER	100 HOSPITAL AVENUE
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390086	DUBOIS REGIONAL MEDICAL CENTER	100 HOSPITAL AVENUE
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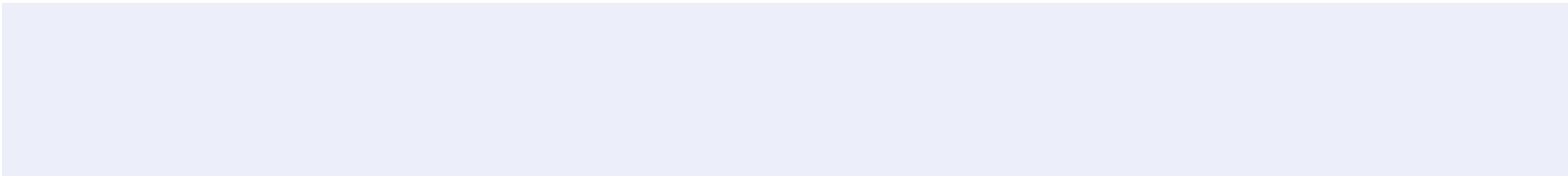
390086	DUBOIS REGIONAL MEDICAL CENTER	100 HOSPITAL AVENUE
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390090	WESTERN PENNSYLVANIA HOSPITAL	4800 FRIENDSHIP AVENUE
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390090	WESTERN PENNSYLVANIA HOSPITAL	4800 FRIENDSHIP AVENUE
--------	----------------------------------	------------------------

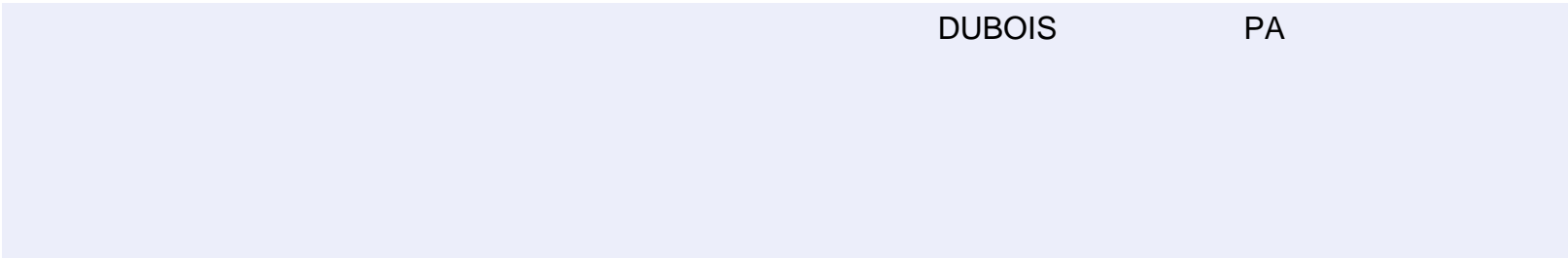
# knee

Based on Hospital Medicare Payment And Volume Measures



DUBOIS

PA



DUBOIS

PA



PITTSBURGH

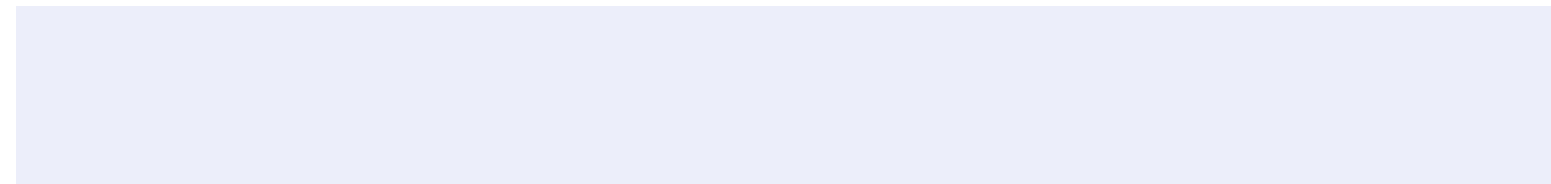
PA

PITTSBURGH

PA

# knee

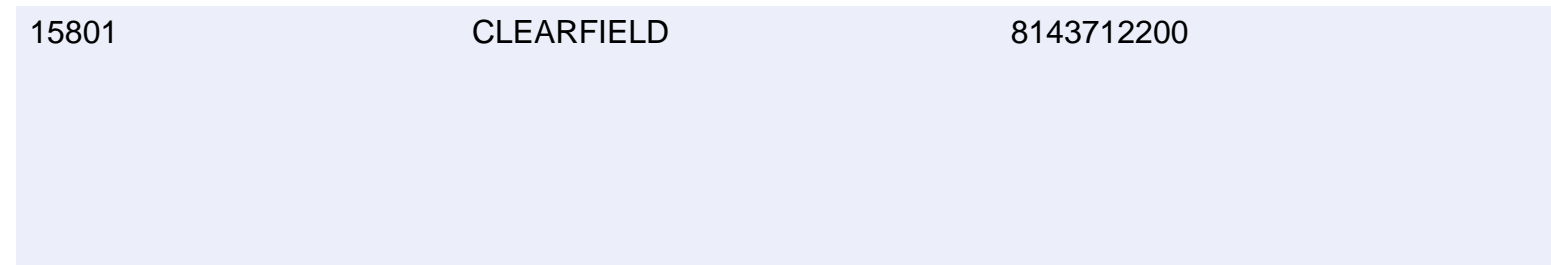
Based on Hospital Medicare Payment And Volume Measures



15801

CLEARFIELD

8143712200



15801

CLEARFIELD

8143712200

15801 CLEARFIELD 8143712200



15224

ALLEGHENY

4125785000

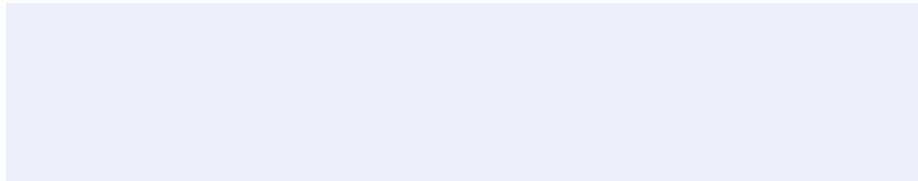
15224

ALLEGHENY

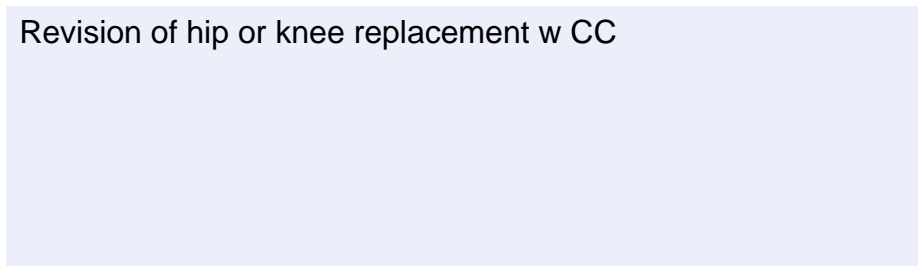
4125785000

# knee

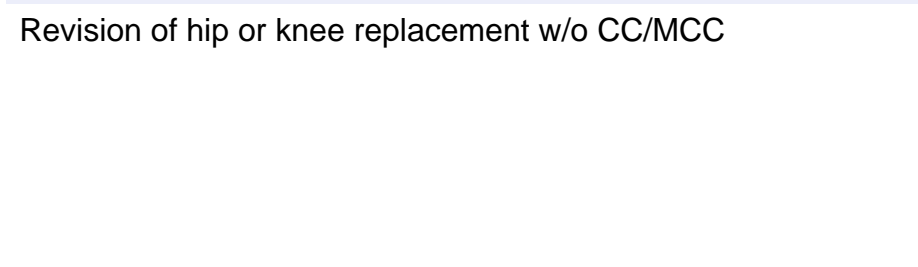
Based on Hospital Medicare Payment And Volume Measures



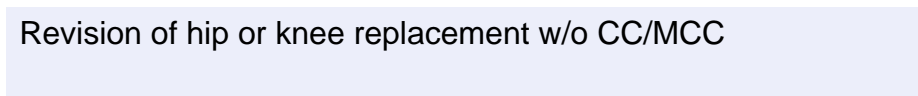
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

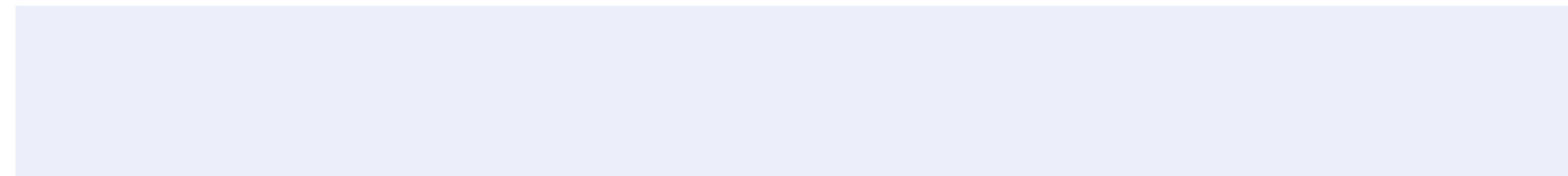


Revision of hip or knee replacement w/o CC/MCC

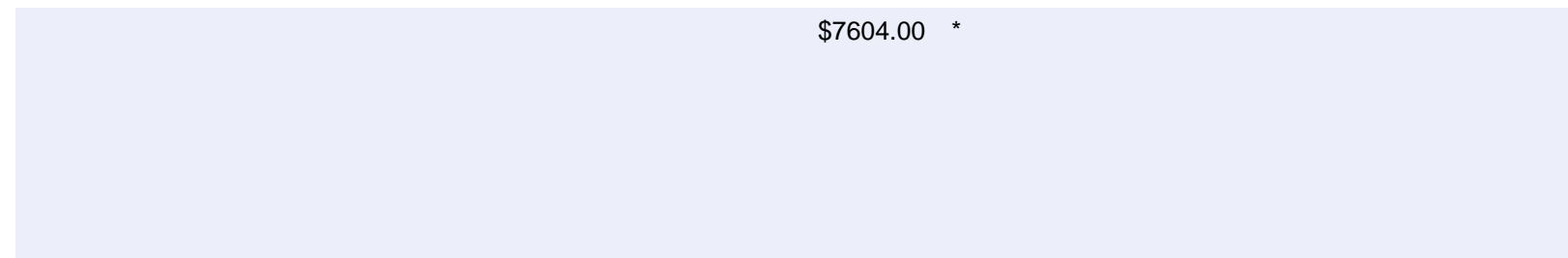
Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$27547.00 \*



\$7604.00 \*



\$15761.00 \*



\$2053.00

11

\$16748.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

390090

WESTERN PENNSYLVANIA  
HOSPITAL

4800 FRIENDSHIP AVENUE

390091

UPMC NORTHWEST

100 FAIRFIELD DRIVE

390091

UPMC NORTHWEST

100 FAIRFIELD DRIVE

390093

CLARION HOSPITAL

ONE HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

PITTSBURGH PA

SENECA PA

SENECA PA

CLARION PA



# knee

Based on Hospital Medicare Payment And Volume Measures

15224

ALLEGHENY

4125785000

16346

VENANGO

8146767600

16346

VENANGO

8146767600

16214

CLARION

8142269500

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16542.00 \*

\$15928.00 \*

\$10637.00 \*

\$13607.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

390095	MARIAN COMMUNITY HOSPITAL	100 LINCOLN AVENUE
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390095	MARIAN COMMUNITY HOSPITAL	100 LINCOLN AVENUE
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390095	MARIAN COMMUNITY HOSPITAL	100 LINCOLN AVENUE
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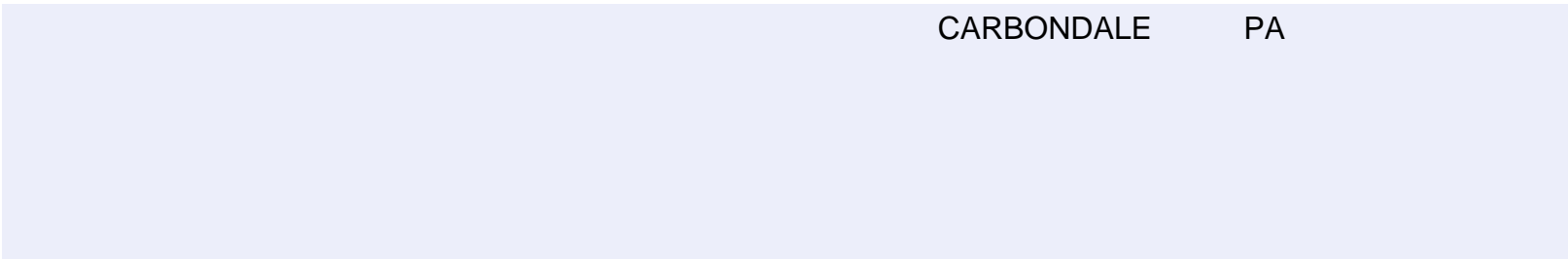
390096	ST JOSEPH MEDICAL CENTER	2500 BERNVILLE ROAD
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# knee

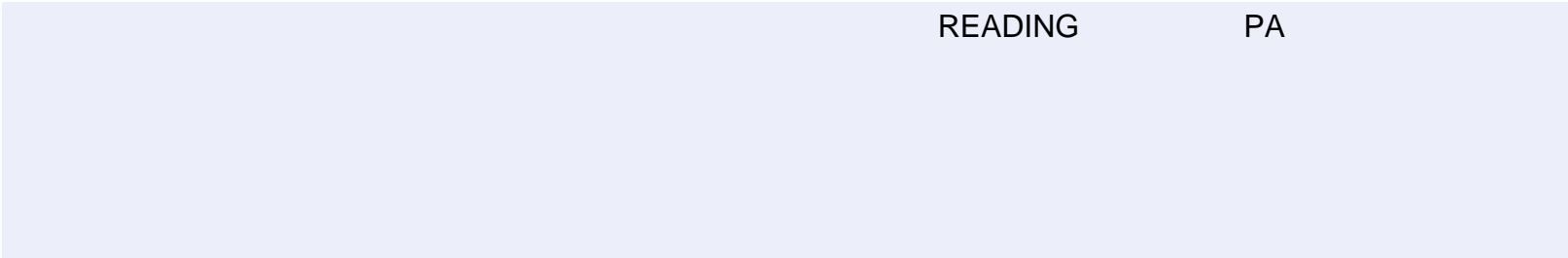
Based on Hospital Medicare Payment And Volume Measures



CARBONDALE PA



CARBONDALE PA



READING PA

# knee

Based on Hospital Medicare Payment And Volume Measures

18407	LACKAWANNA	5702822100
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18407	LACKAWANNA	5702822100
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18407	LACKAWANNA	5702822100
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19605	BERKS	6103782300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25295.00 \*

\$17363.00 \*

\$13760.00 \*

\$20458.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390096	ST JOSEPH MEDICAL CENTER	2500 BERNVILLE ROAD
390097	HOLY REDEEMER HOSPITAL AND MEDICAL CENTER	1648 HUNTINGDON PIKE
390097	HOLY REDEEMER HOSPITAL AND MEDICAL CENTER	1648 HUNTINGDON PIKE
390097	HOLY REDEEMER HOSPITAL AND MEDICAL CENTER	1648 HUNTINGDON PIKE
390100	LANCASTER GENERAL HOSPITAL	555 NORTH DUKE STREET
390100	LANCASTER GENERAL HOSPITAL	555 NORTH DUKE STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

READING	PA
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MEADOWBROOK	PA
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MEADOWBROOK	PA
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MEADOWBROOK	PA
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LANCASTER	PA
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LANCASTER	PA
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# knee

Based on Hospital Medicare Payment And Volume Measures

19605	BERKS	6103782300
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19046	MONTGOMERY	2159473000
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19046	MONTGOMERY	2159473000
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19046	MONTGOMERY	2159473000
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17604	LANCASTER	7172995511
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17604	LANCASTER	7172995511
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12422.00 \*

\$28315.00 \*

\$19091.00 \*

\$15491.00 \*

\$14249.00	31
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\$17814.00	45
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# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)



# knee

Based on Hospital Medicare Payment And Volume Measures

390100	LANCASTER GENERAL HOSPITAL	555 NORTH DUKE STREET
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390101	MEMORIAL HOSPITAL YORK	325 SOUTH BELMONT STREET
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390101	MEMORIAL HOSPITAL YORK	325 SOUTH BELMONT STREET
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390102	UPMC ST MARGARET	815 FREEPORT ROAD
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390102	UPMC ST MARGARET	815 FREEPORT ROAD
--------	------------------	-------------------

390102	UPMC ST MARGARET	815 FREEPORT ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

LANCASTER	PA
-----------	----

YORK	PA
------	----

YORK	PA
------	----

PITTSBURGH	PA
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PITTSBURGH	PA
------------	----

PITTSBURGH	PA
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

17604	LANCASTER	7172995511
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17403	YORK	7178438623
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17403	YORK	7178438623
-------	------	------------

15215	ALLEGHENY	4127844000
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15215	ALLEGHENY	4127844000
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15215	ALLEGHENY	4127844000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$700.00 *		
\$18476.00 *		
\$14746.00 *		
\$1060.00		19
\$1362.00		63
\$1966.00 *		

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390107	UPMC PASSAVANT	9100 BABCOCK BOULEVARD
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390107	UPMC PASSAVANT	9100 BABCOCK BOULEVARD
--------	----------------	------------------------

390107	UPMC PASSAVANT	9100 BABCOCK BOULEVARD
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390108	MONTGOMERY HOSPITAL	POWELL & FORNANCE STREETS
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390108	MONTGOMERY HOSPITAL	POWELL & FORNANCE STREETS
--------	---------------------	------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

PITTSBURGH PA

PITTSBURGH PA

PITTSBURGH PA

NORRISTOWN PA

NORRISTOWN PA



# knee

Based on Hospital Medicare Payment And Volume Measures

15237	ALLEGHENY	4123676700
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15237	ALLEGHENY	4123676700
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15237	ALLEGHENY	4123676700
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19401	MONTGOMERY	6102702000
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19401	MONTGOMERY	6102702000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$22423.00 \*

\$1068.00 \*

\$8904.00 \*

\$29925.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390108	MONTGOMERY HOSPITAL	POWELL & FORNANCE STREETS
390110	CONEMAUGH VALLEY MEMORIAL HOSPITAL	1086 FRANKLIN STREET
390110	CONEMAUGH VALLEY MEMORIAL HOSPITAL	1086 FRANKLIN STREET
390110	CONEMAUGH VALLEY MEMORIAL HOSPITAL	1086 FRANKLIN STREET
390113	MEADVILLE MEDICAL CENTER	751 LIBERTY STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

NORRISTOWN PA

JOHNSTOWN PA

JOHNSTOWN PA

JOHNSTOWN PA

MEADVILLE PA

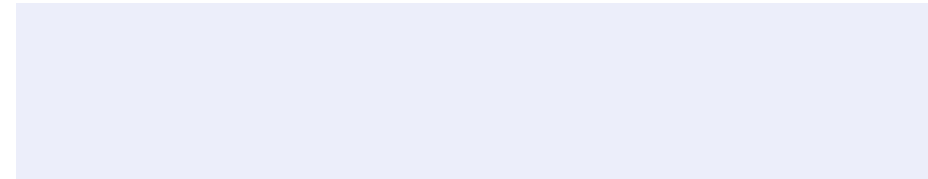
# knee

Based on Hospital Medicare Payment And Volume Measures

19401	MONTGOMERY	6102702000
15905	CAMBRIA	8145349000
15905	CAMBRIA	8145349000
15905	CAMBRIA	8145349000
16335	CRAWFORD	8143335000

# knee

Based on Hospital Medicare Payment And Volume Measures

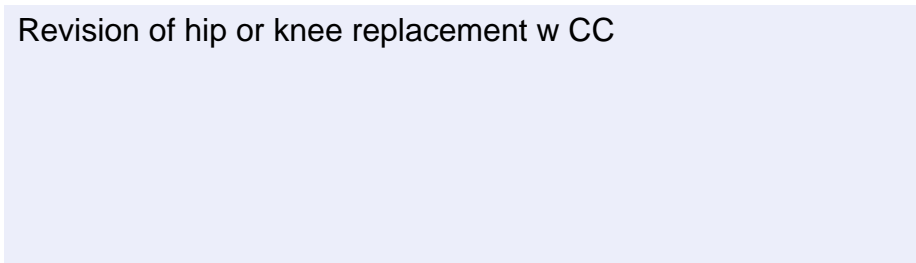


Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$890.00	19
	\$995.00	21
	\$26944.00 *	
	\$15061.00 *	
	\$10856.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390113	MEADVILLE MEDICAL CENTER	751 LIBERTY STREET
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390114	MAGEE WOMENS HOSPITAL OF UPMC HEALTH SYSTEM	300 HALKET STREET
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390114	MAGEE WOMENS HOSPITAL OF UPMC HEALTH SYSTEM	300 HALKET STREET
--------	--	-------------------

390114	MAGEE WOMENS HOSPITAL OF UPMC HEALTH SYSTEM	300 HALKET STREET
--------	--	-------------------

390115	ARIA HEALTH	10800 KNIGHTS ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

MEADVILLE PA

PITTSBURGH PA

PITTSBURGH PA

PITTSBURGH PA

PHILADELPHIA PA

# knee

Based on Hospital Medicare Payment And Volume Measures

16335	CRAWFORD	8143335000
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15213	ALLEGHENY	4126414010
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15213	ALLEGHENY	4126414010
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15213	ALLEGHENY	4126414010
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19114	PHILADELPHIA	2156124129
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$9530.00 \*

\$1595.00 \*

\$9651.00 \*

\$20384.00 \*

\$1351.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390115

ARIA HEALTH

10800 KNIGHTS ROAD

390115

ARIA HEALTH

10800 KNIGHTS ROAD

390116

MERCY SUBURBAN HOSPITAL

2701 DEKALB PIKE

390116

MERCY SUBURBAN HOSPITAL

2701 DEKALB PIKE

# knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

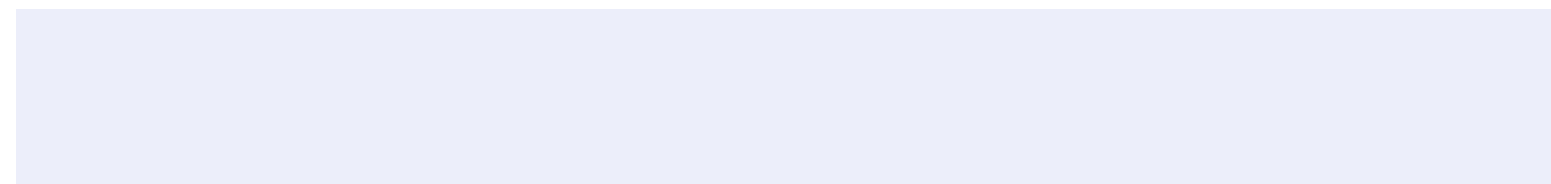
PHILADELPHIA PA

NORRISTOWN PA

NORRISTOWN PA

# knee

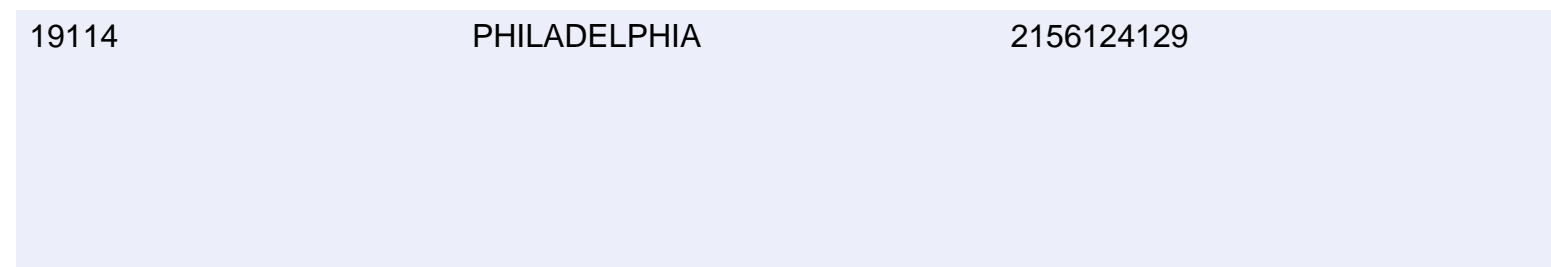
Based on Hospital Medicare Payment And Volume Measures



19114

PHILADELPHIA

2156124129



19114

PHILADELPHIA

2156124129



19401

MONTGOMERY

2152782000



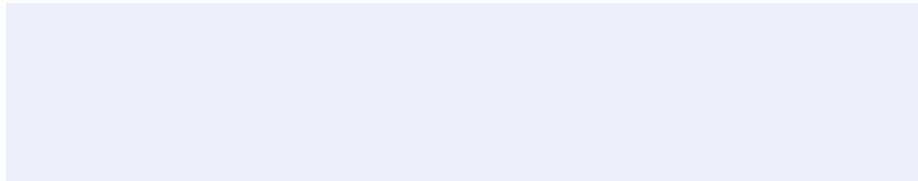
19401

MONTGOMERY

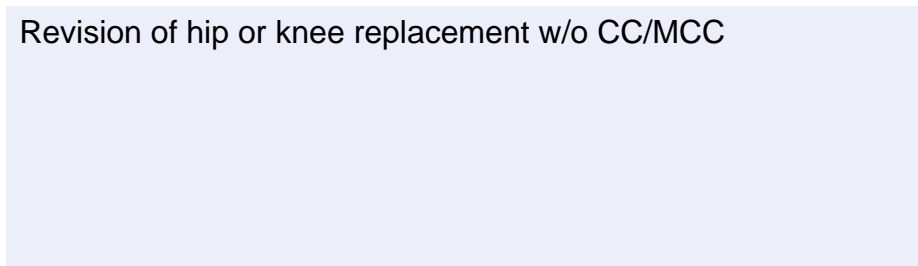
2152782000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

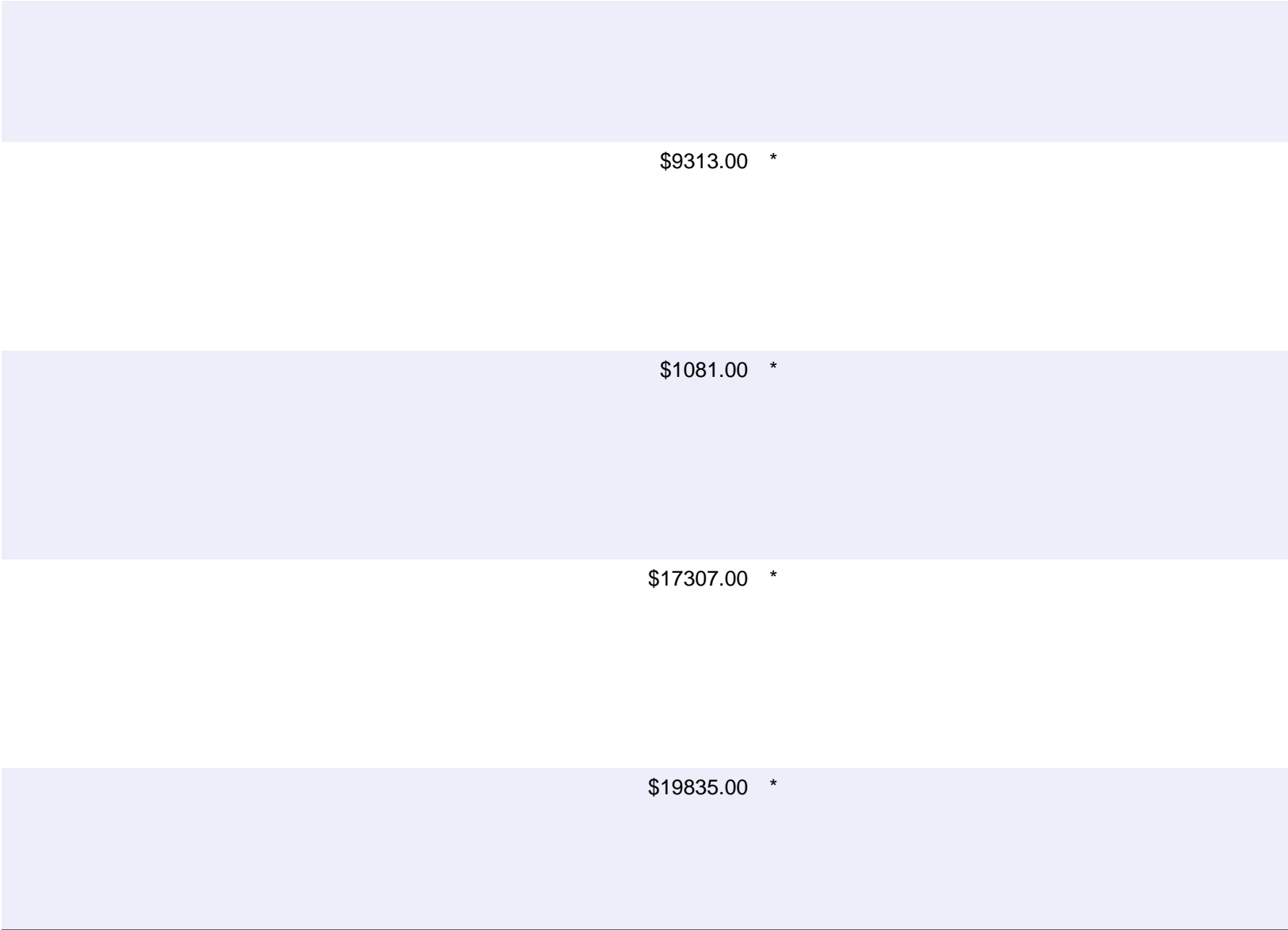
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
Measure 1	\$9313.00 *
Measure 2	\$1081.00 *
Measure 3	\$17307.00 *
Measure 4	\$19835.00 *

\$9313.00 \*

\$1081.00 \*

\$17307.00 \*

\$19835.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390117

UPMC BEDFORD

10455 LINCOLN HIGHWAY

390118

BRADFORD REGIONAL MEDICAL  
CENTER

116 INTERSTATE PARKWAY

390119

MOSES TAYLOR HOSPITAL

700 QUINCY AVENUE

390119

MOSES TAYLOR HOSPITAL

700 QUINCY AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

EVERETT PA

BRADFORD PA

SCRANTON PA

SCRANTON PA



# knee

Based on Hospital Medicare Payment And Volume Measures

15537

BEDFORD

8146236161

16701

MCKEAN

8143684143

18510

LACKAWANNA

5703402100

18510

LACKAWANNA

5703402100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15931.00 \*

\$22056.00 \*

\$509.00 \*

\$14881.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390122	TITUSVILLE HOSPITAL	406 WEST OAK STREET
390123	POTTSTOWN MEMORIAL MEDICAL CENTER	1600 EAST HIGH STREET AND ARMAND HAMMER BLVD
390123	POTTSTOWN MEMORIAL MEDICAL CENTER	1600 EAST HIGH STREET AND ARMAND HAMMER BLVD
390123	POTTSTOWN MEMORIAL MEDICAL CENTER	1600 EAST HIGH STREET AND ARMAND HAMMER BLVD
390125	WAYNE MEMORIAL HOSPITAL	601 PARK STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

TITUSVILLE PA

POTTSTOWN PA

POTTSTOWN PA

POTTSTOWN PA

HONESDALE PA

# knee

Based on Hospital Medicare Payment And Volume Measures

16354	CRAWFORD	8148271851
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19464	MONTGOMERY	6103277000
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19464	MONTGOMERY	6103277000
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19464	MONTGOMERY	6103277000
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18431	WAYNE	5702538100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$11158.00 \*

\$29374.00 \*

\$18166.00 \*

\$14530.00 \*

\$14639.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

390125

WAYNE MEMORIAL HOSPITAL

601 PARK STREET

390127

PHOENIXVILLE HOSPITAL

140 NUTT ROAD

390127

PHOENIXVILLE HOSPITAL

140 NUTT ROAD

390127

PHOENIXVILLE HOSPITAL

140 NUTT ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

HONESDALE PA

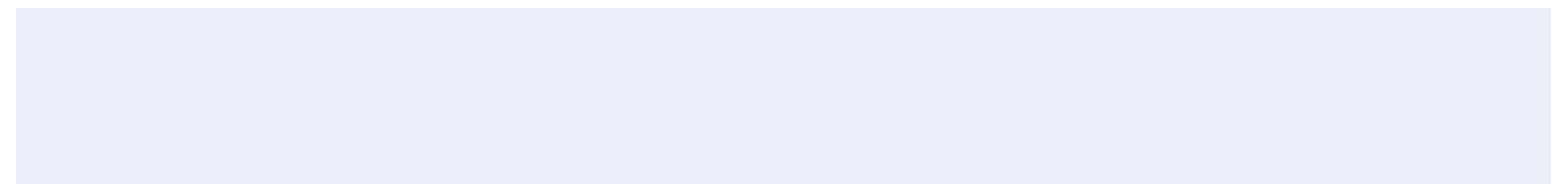
PHOENIXVILLE PA

PHOENIXVILLE PA

PHOENIXVILLE PA

# knee

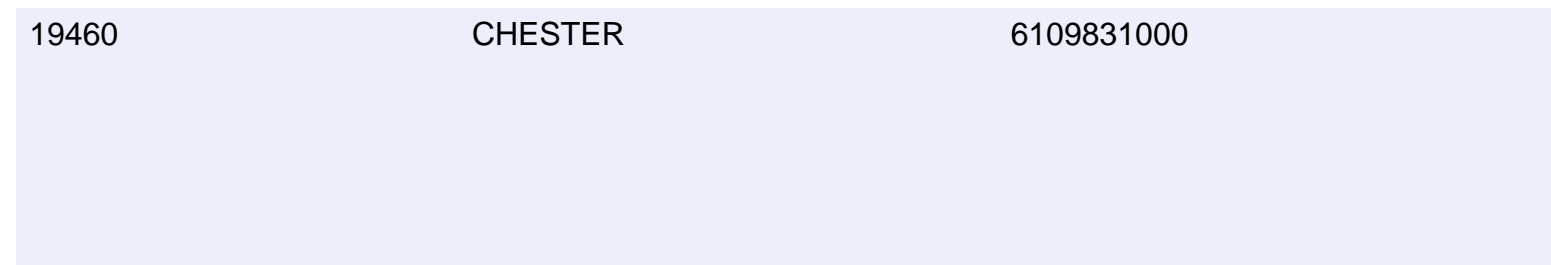
Based on Hospital Medicare Payment And Volume Measures



18431

WAYNE

5702538100



19460

CHESTER

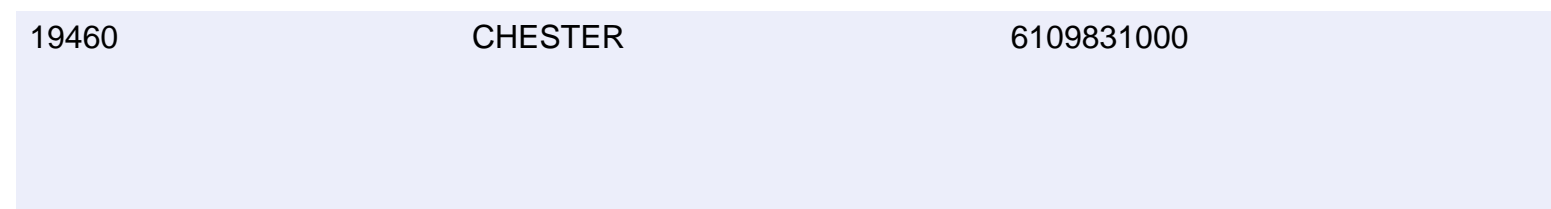
6109831000



19460

CHESTER

6109831000



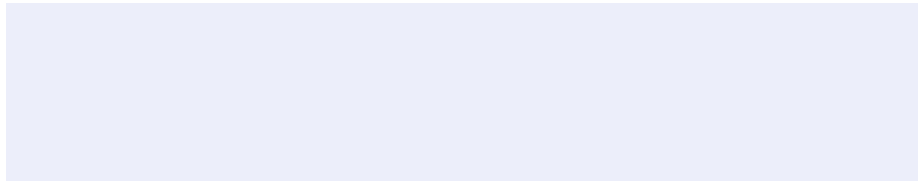
19460

CHESTER

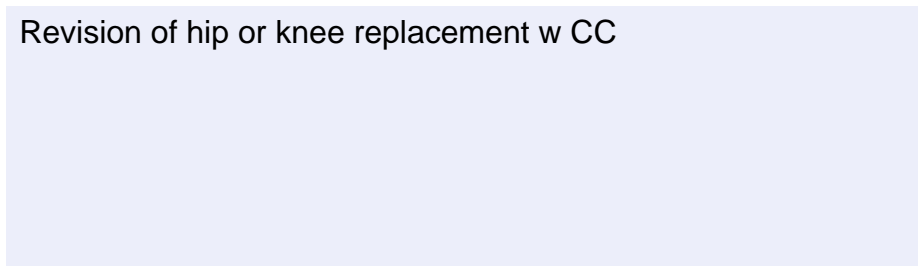
6109831000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$18157.00 \*

\$23651.00 \*

\$7772.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390133	LEHIGH VALLEY HOSPITAL	PO BOX 689
390133	LEHIGH VALLEY HOSPITAL	PO BOX 689
390133	LEHIGH VALLEY HOSPITAL	PO BOX 689
390137	WILKES-BARRE GENERAL HOSPITAL	575 NORTH RIVER STREET
390137	WILKES-BARRE GENERAL HOSPITAL	575 NORTH RIVER STREET
390138	WAYNESBORO HOSPITAL	501 EAST MAIN ST
390139	MAIN LINE HOSPITAL BRYN MAWR CAMPUS	130 SOUTH BRYN MAWR AVE
390139	MAIN LINE HOSPITAL BRYN MAWR CAMPUS	130 SOUTH BRYN MAWR AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	ALLENTOWN	PA
	ALLENTOWN	PA
	ALLENTOWN	PA
	WILKES-BARRE	PA
	WILKES-BARRE	PA
	WAYNESBORO	PA
	BRYN MAWR	PA
	BRYN MAWR	PA

# knee

Based on Hospital Medicare Payment And Volume Measures

18105	LEHIGH	6104022273
18105	LEHIGH	6104022273
18105	LEHIGH	6104022273
18764	LUZERNE	5708298111
18764	LUZERNE	5708298111
17268	FRANKLIN	7177654000
19010	DELAWARE	6105263000
19010	DELAWARE	6105263000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15234.00	12
	\$27248.00	18
	\$15957.00	107
	\$7451.00 *	
	\$15889.00	11
	\$20253.00 *	
	\$16037.00	18
	\$28477.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

390139	MAIN LINE HOSPITAL BRYN MAWR CAMPUS	130 SOUTH BRYN MAWR AVE
390142	ALBERT EINSTEIN MEDICAL CENTER	5501 OLD YORK ROAD
390142	ALBERT EINSTEIN MEDICAL CENTER	5501 OLD YORK ROAD
390142	ALBERT EINSTEIN MEDICAL CENTER	5501 OLD YORK ROAD
390145	EXCELA HEALTH WESTMORELAND REGIONAL HOSPITAL	532 WEST PITTSBURGH STREET
390145	EXCELA HEALTH WESTMORELAND REGIONAL HOSPITAL	532 WEST PITTSBURGH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BRYN MAWR	PA
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PHILADELPHIA	PA
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PHILADELPHIA	PA
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PHILADELPHIA	PA
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GREENSBURG	PA
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GREENSBURG	PA
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# knee

Based on Hospital Medicare Payment And Volume Measures

19010	DELAWARE	6105263000
19141	PHILADELPHIA	2154566090
19141	PHILADELPHIA	2154566090
19141	PHILADELPHIA	2154566090
15601	WESTMORELAND	4128325050
15601	WESTMORELAND	4128325050

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15357.00	39
	\$4063.00	16
	\$24880.00 *	
	\$5029.00 *	
	\$1068.00 *	
	\$1046.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390145	EXCELA HEALTH WESTMORELAND REGIONAL HOSPITAL	532 WEST PITTSBURGH STREET
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390146	WARREN GENERAL HOSPITAL	TWO CRESCENT PARK WEST
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390146	WARREN GENERAL HOSPITAL	TWO CRESCENT PARK WEST
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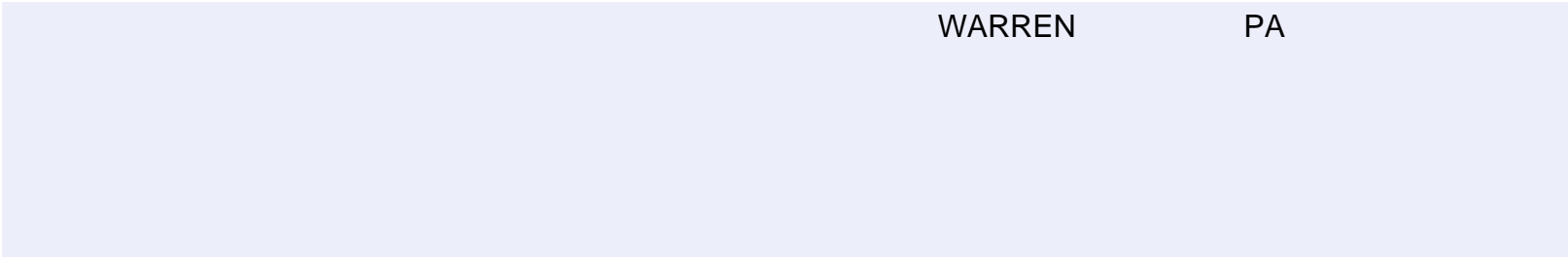
390147	MONONGAHELA VALLEY HOSPITAL	1163 COUNTRY CLUB ROAD
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# knee

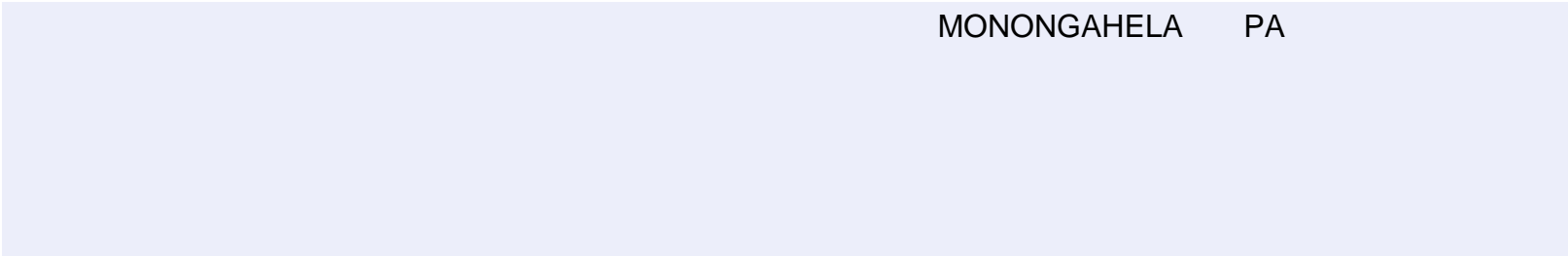
Based on Hospital Medicare Payment And Volume Measures



GREENSBURG PA



WARREN PA



MONONGAHELA PA

# knee

Based on Hospital Medicare Payment And Volume Measures

15601	WESTMORELAND	4128325050
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16365	WARREN	8147233300
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16365	WARREN	8147233300
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15063	WASHINGTON	7242581000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

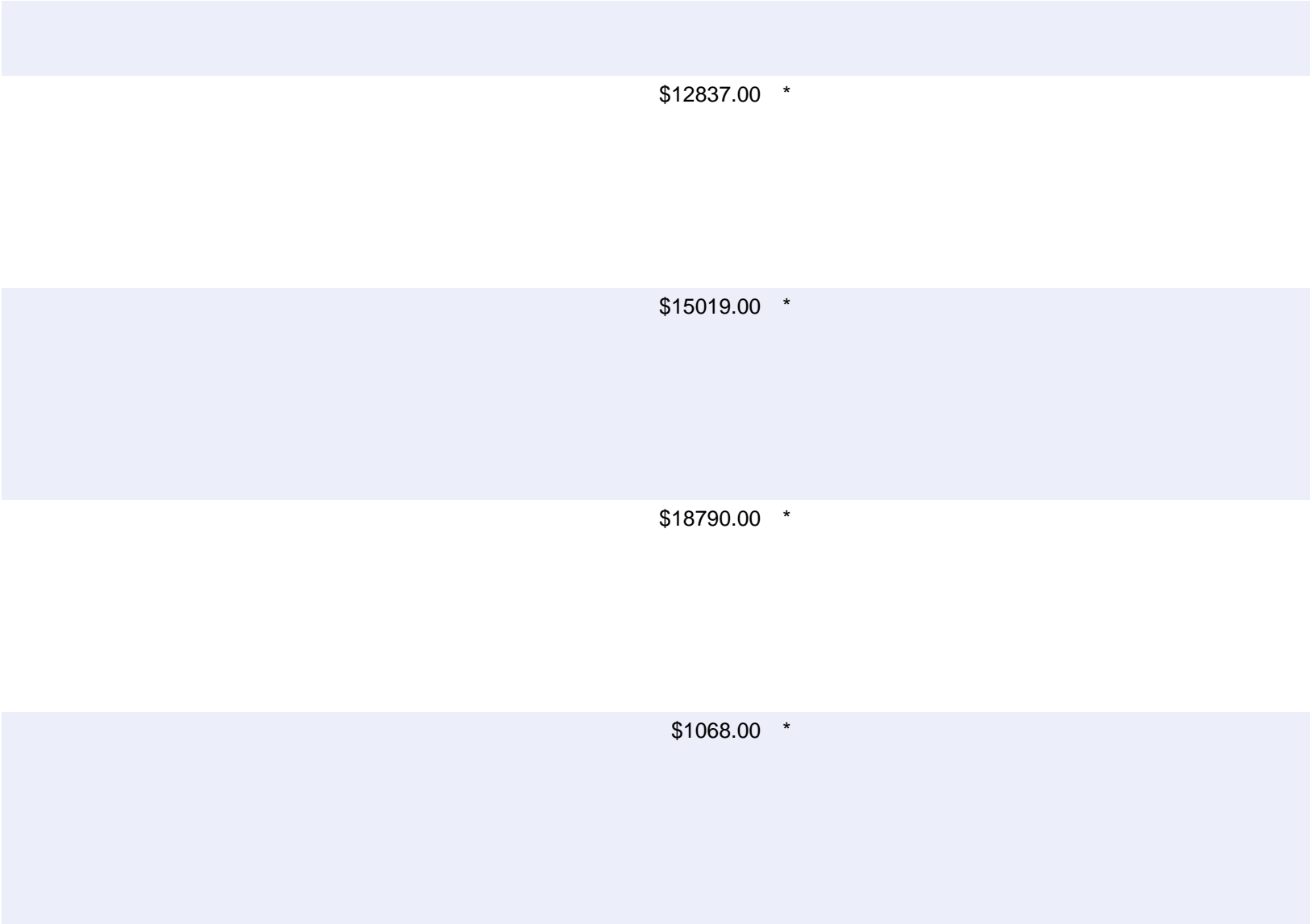
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$12837.00 *
2	\$15019.00 *
3	\$18790.00 *
4	\$1068.00 *

\$12837.00 \*

\$15019.00 \*

\$18790.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390147	MONONGAHELA VALLEY HOSPITAL	1163 COUNTRY CLUB ROAD
390151	CHAMBERSBURG HOSPITAL	112 NORTH SEVENTH STREET
390151	CHAMBERSBURG HOSPITAL	112 NORTH SEVENTH STREET
390153	MAIN LINE HOSPITAL PAOLI	255 WEST LANCASTER AVENUE
390153	MAIN LINE HOSPITAL PAOLI	255 WEST LANCASTER AVENUE
390153	MAIN LINE HOSPITAL PAOLI	255 WEST LANCASTER AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

MONONGAHELA PA

CHAMBERSBURG PA

CHAMBERSBURG PA

PAOLI PA

PAOLI PA

PAOLI PA

# knee

Based on Hospital Medicare Payment And Volume Measures

15063	WASHINGTON	7242581000
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17201	FRANKLIN	7172673000
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17201	FRANKLIN	7172673000
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19301	CHESTER	6106481000
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19301	CHESTER	6106481000
-------	---------	------------

19301	CHESTER	6106481000
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19337.00 \*

\$18672.00

11

\$14936.00 \*

\$14510.00

15

\$15117.00 \*

\$27635.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390154

ELK REGIONAL HEALTH CENTER

763 JOHNSONBURG ROAD

390154

ELK REGIONAL HEALTH CENTER

763 JOHNSONBURG ROAD

390156

MERCY FITZGERALD HOSPITAL

LANSDOWNE & BAILY RDS

390156

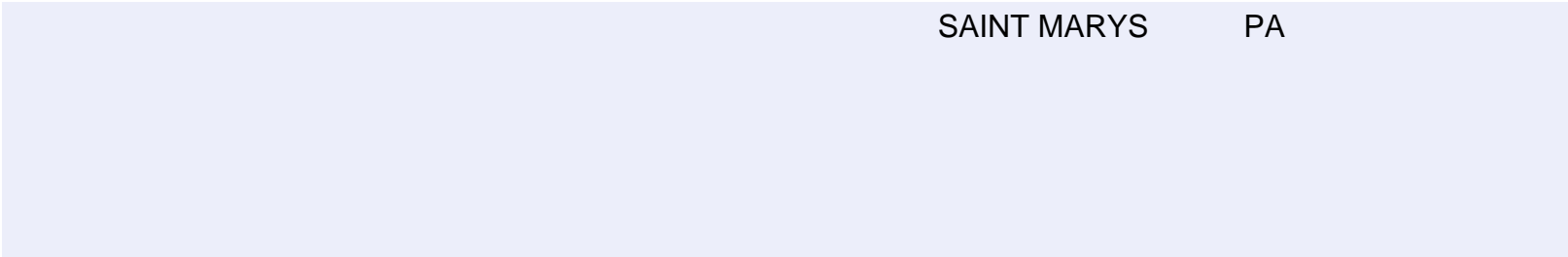
MERCY FITZGERALD HOSPITAL

LANSDOWNE & BAILY RDS

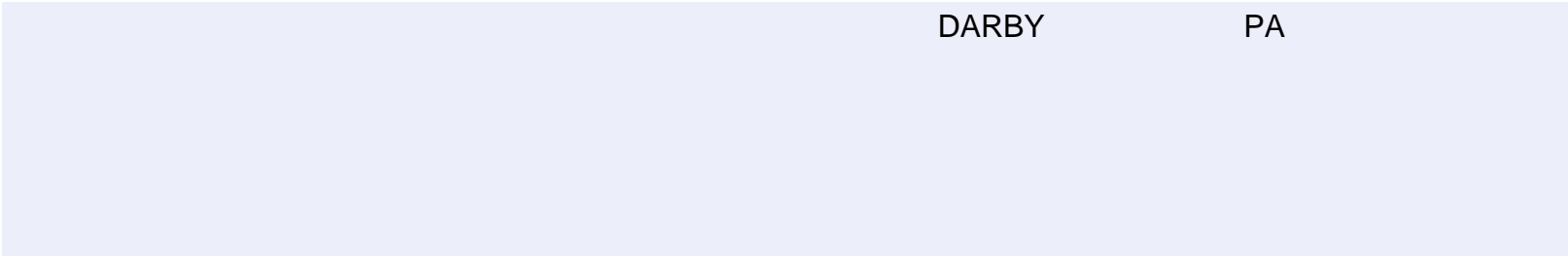
# knee

Based on Hospital Medicare Payment And Volume Measures

SAINT MARYS PA



DARBY PA



# knee

Based on Hospital Medicare Payment And Volume Measures

15857	ELK	8147888000
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15857	ELK	8147888000
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19023	DELAWARE	2152374000
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19023	DELAWARE	2152374000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15232.00 \*

\$12183.00 \*

\$19267.00 \*

\$23988.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390156	MERCY FITZGERALD HOSPITAL	LANSDOWNE & BAILY RDS
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390157	OHIO VALLEY GENERAL HOSPITAL	25 HECKEL ROAD
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390160	CANONSBURG GENERAL HOSPITAL	100 MEDICAL BOULEVARD
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390160	CANONSBURG GENERAL HOSPITAL	100 MEDICAL BOULEVARD
--------	-----------------------------	-----------------------

390160	CANONSBURG GENERAL HOSPITAL	100 MEDICAL BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

DARBY PA

MCKEES ROCKS PA

CANONSBURG PA

CANONSBURG PA

CANONSBURG PA



# knee

Based on Hospital Medicare Payment And Volume Measures

19023	DELAWARE	2152374000
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15136	ALLEGHENY	4127776161
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15317	WASHINGTON	7248735892
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15317	WASHINGTON	7248735892
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15317	WASHINGTON	7248735892
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$45372.00 \*

\$20129.00 \*

\$1068.00 \*

\$23035.00 \*

\$12942.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

390162

EASTON HOSPITAL

250 SOUTH 21ST STREET

390162

EASTON HOSPITAL

250 SOUTH 21ST STREET

390162

EASTON HOSPITAL

250 SOUTH 21ST STREET

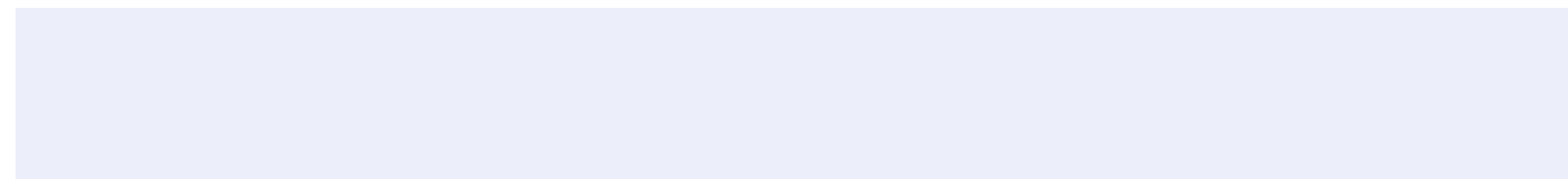
390163

ACMH HOSPITAL

ONE NOLTE DRIVE

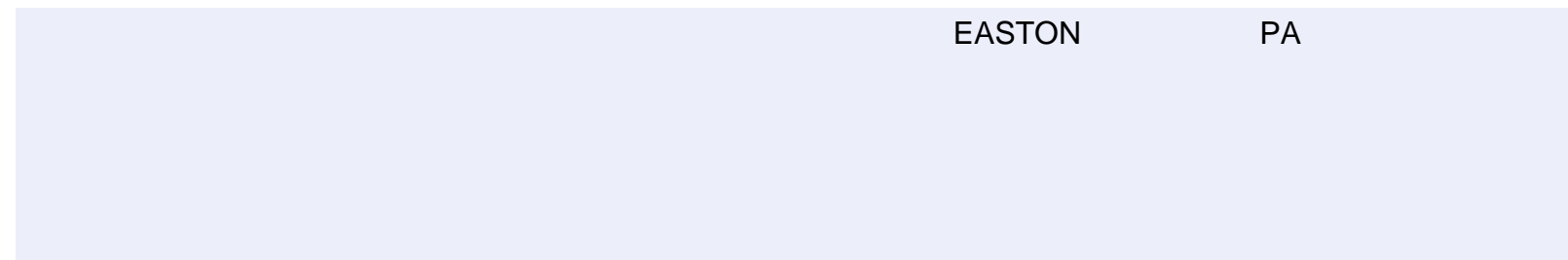
# knee

Based on Hospital Medicare Payment And Volume Measures



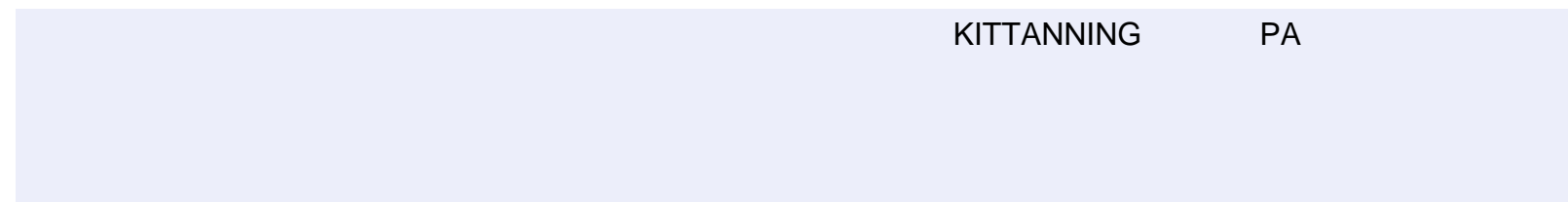
EASTON

PA



EASTON

PA



KITTANNING

PA

# knee

Based on Hospital Medicare Payment And Volume Measures

18042

NORTHAMPTON

6102504076

18042

NORTHAMPTON

6102504076

18042

NORTHAMPTON

6102504076

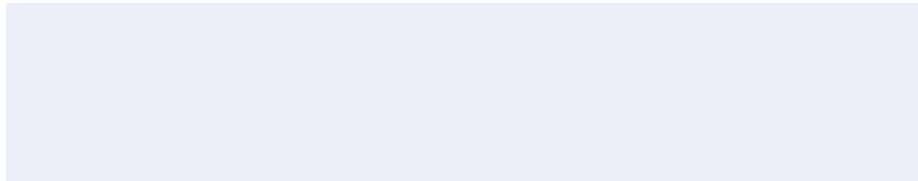
16201

ARMSTRONG

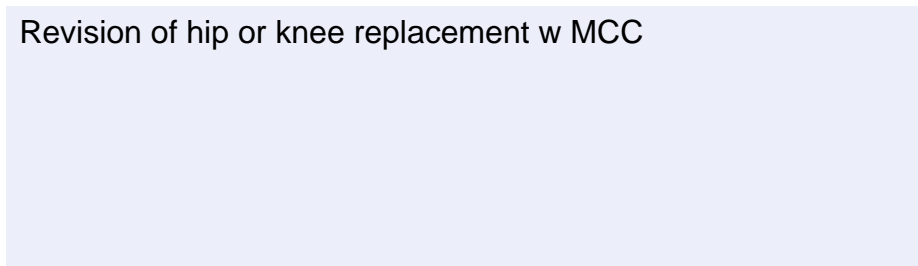
7245438404

# knee

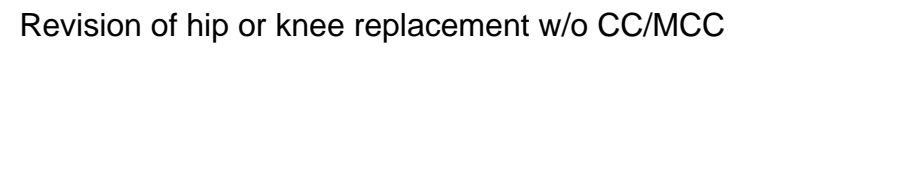
Based on Hospital Medicare Payment And Volume Measures



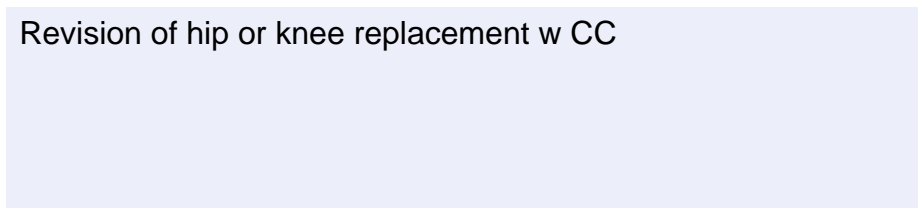
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$20310.00 \*

\$18328.00 \*

\$16257.00 \*

\$15938.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390164	UPMC PRESBYTERIAN SHADYSIDE	200 LOTHROP STREET
390164	UPMC PRESBYTERIAN SHADYSIDE	200 LOTHROP STREET
390164	UPMC PRESBYTERIAN SHADYSIDE	200 LOTHROP STREET
390168	BUTLER MEMORIAL HOSPITAL	ONE HOSPITAL WAY
390168	BUTLER MEMORIAL HOSPITAL	ONE HOSPITAL WAY
390173	INDIANA REGIONAL MEDICAL CENTER	835 HOSPITAL ROAD, PO BOX 788
390173	INDIANA REGIONAL MEDICAL CENTER	835 HOSPITAL ROAD, PO BOX 788

# knee

Based on Hospital Medicare Payment And Volume Measures

	PITTSBURGH	PA
	PITTSBURGH	PA
	PITTSBURGH	PA
	BUTLER	PA
	BUTLER	PA
	INDIANA	PA
	INDIANA	PA

# knee

Based on Hospital Medicare Payment And Volume Measures

15213	ALLEGHENY	4126478788
15213	ALLEGHENY	4126478788
15213	ALLEGHENY	4126478788
16001	BUTLER	7242836666
16001	BUTLER	7242836666
15701	INDIANA	7243577000
15701	INDIANA	7243577000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$3650.00	120
	\$28054.00	29
	\$2920.00	62
	\$22791.00 *	
	\$16244.00 *	
	\$16217.00 *	
	\$24053.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

390174	THOMAS JEFFERSON UNIVERSITY HOSPITAL	111 SOUTH 11TH STREET
390174	THOMAS JEFFERSON UNIVERSITY HOSPITAL	111 SOUTH 11TH STREET
390174	THOMAS JEFFERSON UNIVERSITY HOSPITAL	111 SOUTH 11TH STREET
390178	UPMC HORIZON	110 NORTH MAIN STREET
390178	UPMC HORIZON	110 NORTH MAIN STREET
390178	UPMC HORIZON	110 NORTH MAIN STREET
390179	CHESTER COUNTY HOSPITAL	701 EAST MARSHALL ST

# knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

PHILADELPHIA PA

PHILADELPHIA PA

GREENVILLE PA

GREENVILLE PA

GREENVILLE PA

WEST CHESTER PA

# knee

Based on Hospital Medicare Payment And Volume Measures

19107	PHILADELPHIA	2159556000
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19107	PHILADELPHIA	2159556000
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19107	PHILADELPHIA	2159556000
-------	--------------	------------

16125	MERCER	7245882100
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16125	MERCER	7245882100
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16125	MERCER	7245882100
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19380	CHESTER	6104315000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20497.00	109
	\$25747.00	13
	\$25626.00	40
	\$12473.00	14
	\$17093.00 *	
	\$345.00 *	
	\$14524.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390179	CHESTER COUNTY HOSPITAL	701 EAST MARSHALL ST
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390179	CHESTER COUNTY HOSPITAL	701 EAST MARSHALL ST
--------	-------------------------	----------------------

390180	CROZER CHESTER MEDICAL CENTER	ONE MEDICAL CENTER BOULEVARD
--------	----------------------------------	---------------------------------

390180	CROZER CHESTER MEDICAL CENTER	ONE MEDICAL CENTER BOULEVARD
--------	----------------------------------	---------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

WEST CHESTER PA

WEST CHESTER PA

UPLAND PA

UPLAND PA



# knee

Based on Hospital Medicare Payment And Volume Measures

19380

CHESTER

6104315000

19380

CHESTER

6104315000

19013

DELAWARE

6104472000

19013

DELAWARE

6104472000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14549.00 \*

\$18146.00 \*

\$7594.00 \*

\$31990.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

390180	CROZER CHESTER MEDICAL CENTER	ONE MEDICAL CENTER BOULEVARD
390183	ST LUKE'S MINERS MEMORIAL HOSPITAL	360 W RUDDLE STREET
390183	ST LUKE'S MINERS MEMORIAL HOSPITAL	360 W RUDDLE STREET
390183	ST LUKE'S MINERS MEMORIAL HOSPITAL	360 W RUDDLE STREET
390189	SHAMOKIN AREA COMMUNITY HOSPITAL	4200 HOSPITAL ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

UPLAND	PA
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COALDALE	PA
----------	----

COALDALE	PA
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COALDALE	PA
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COAL TOWNSHIP	PA
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# knee

Based on Hospital Medicare Payment And Volume Measures

19013	DELAWARE	6104472000
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18218	SCHUYLKILL	5706452131
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18218	SCHUYLKILL	5706452131
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18218	SCHUYLKILL	5706452131
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17866	NORTHUMBERLAND	5706444200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17201.00	16
	\$14997.00 *	
	\$23536.00 *	
	\$18750.00 *	
	\$17698.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390189	SHAMOKIN AREA COMMUNITY HOSPITAL	4200 HOSPITAL ROAD
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390194	GNADEN HUETTEN MEMORIAL HOSPITAL	211 NORTH 12TH STREET
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390195	MAIN LINE HOSPITAL LANKENAU	100 LANCASTER AVE
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390195	MAIN LINE HOSPITAL LANKENAU	100 LANCASTER AVE
--------	-----------------------------	-------------------

390195	MAIN LINE HOSPITAL LANKENAU	100 LANCASTER AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

COAL TOWNSHIP PA

LEHIGHTON PA

WYNNEWOOD PA

WYNNEWOOD PA

WYNNEWOOD PA

# knee

Based on Hospital Medicare Payment And Volume Measures

17866	NORTHUMBERLAND	5706444200
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18235	CARBON	6073771300
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19096	MONTGOMERY	6106452000
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19096	MONTGOMERY	6106452000
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19096	MONTGOMERY	6106452000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14156.00 \*

\$17244.00 \*

\$30776.00 \*

\$17247.00 \*

\$1943.00

13

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390197	SACRED HEART HOSPITAL	421 CHEW STREET
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390197	SACRED HEART HOSPITAL	421 CHEW STREET
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390197	SACRED HEART HOSPITAL	421 CHEW STREET
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390198	MILLCREEK COMMUNITY HOSPITAL	5515 PEACH STREET
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390199	PUNXSUTAWNEY AREA HOSPITAL	81 HILLCREST DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ALLENTOWN PA

ALLENTOWN PA

ALLENTOWN PA

ERIE PA

PUNXSUTAWNEY PA

# knee

Based on Hospital Medicare Payment And Volume Measures

18102	LEHIGH	6107764900
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18102	LEHIGH	6107764900
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18102	LEHIGH	6107764900
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16509	ERIE	8148644031
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15767	JEFFERSON	8149381800
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15793.00 \*

\$16135.00 \*

\$27748.00 \*

\$16404.00 \*

\$10479.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390203

DOYLESTOWN HOSPITAL

595 WEST STATE ST

390203

DOYLESTOWN HOSPITAL

595 WEST STATE ST

390204

NAZARETH HOSPITAL

2601 HOLME AVE

390204

NAZARETH HOSPITAL

2601 HOLME AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

DOYLESTOWN PA

DOYLESTOWN PA

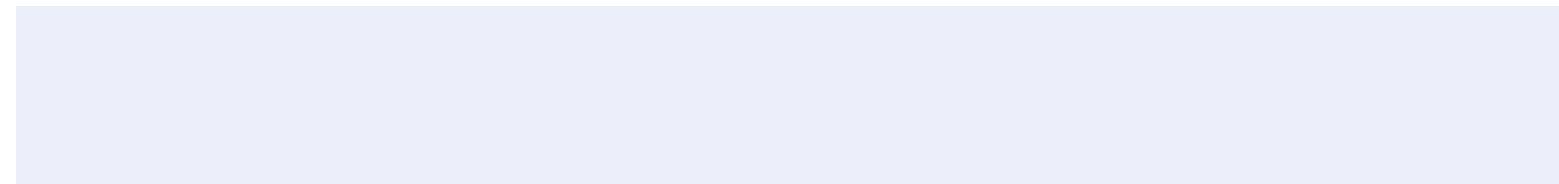
PHILADELPHIA PA

PHILADELPHIA PA



# knee

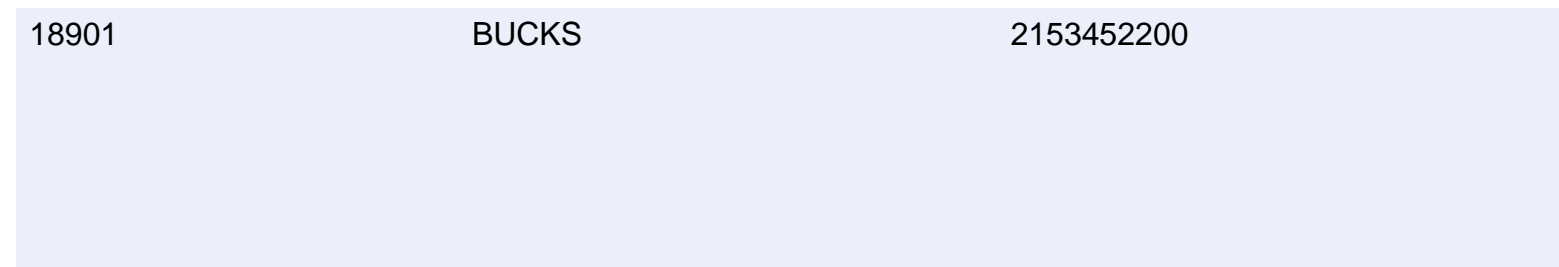
Based on Hospital Medicare Payment And Volume Measures



18901

BUCKS

2153452200



19152

PHILADELPHIA

2153356000



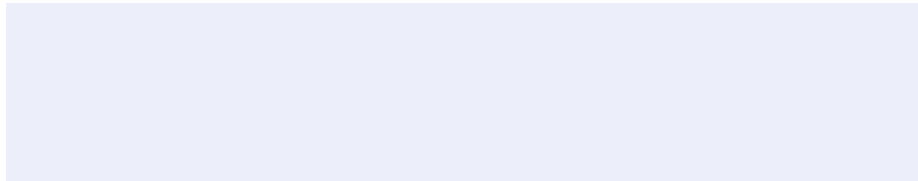
19152

PHILADELPHIA

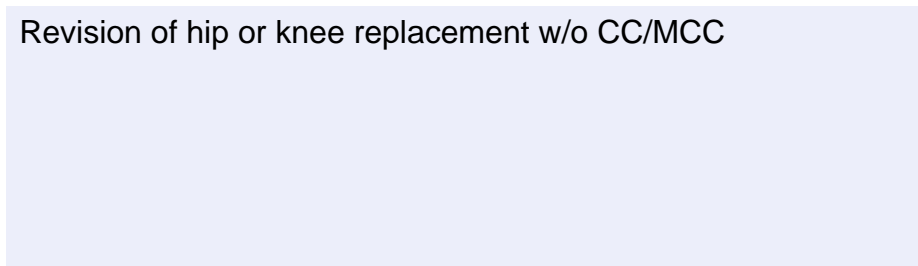
2153356000

# knee

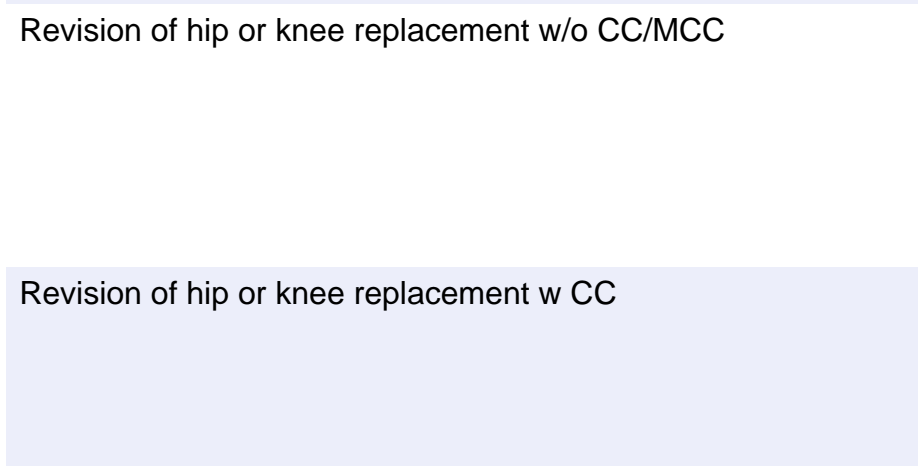
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18140.00 \*

\$14510.00 \*

\$14937.00 \*

\$18670.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390204

NAZARETH HOSPITAL

2601 HOLME AVE

390211

SHARON REGIONAL HEALTH  
SYSTEM

740 EAST STATE STREET

390211

SHARON REGIONAL HEALTH  
SYSTEM

740 EAST STATE STREET

390211

SHARON REGIONAL HEALTH  
SYSTEM

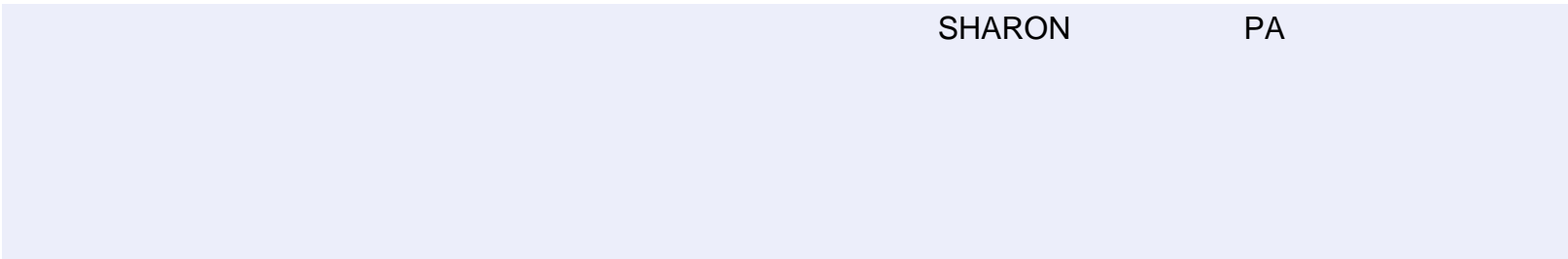
740 EAST STATE STREET

# knee

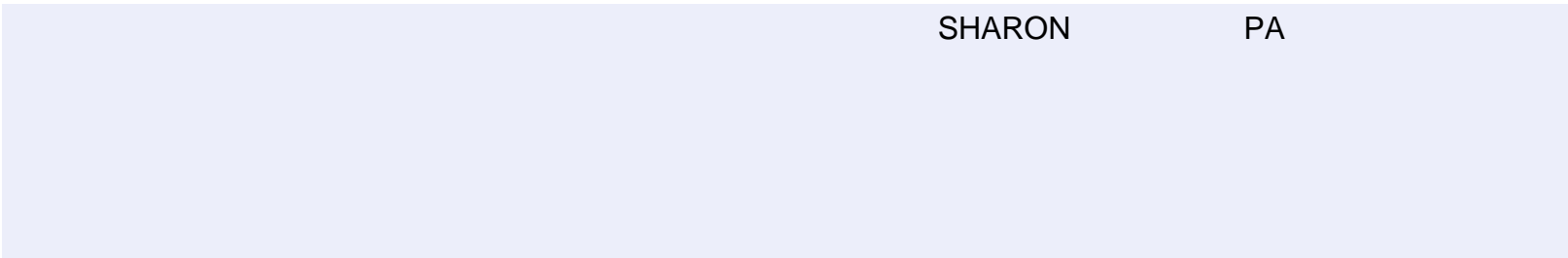
Based on Hospital Medicare Payment And Volume Measures



PHILADELPHIA PA



SHARON PA



SHARON PA

# knee

Based on Hospital Medicare Payment And Volume Measures

19152	PHILADELPHIA	2153356000
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16146	MERCER	7249833912
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16146	MERCER	7249833912
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16146	MERCER	7249833912
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

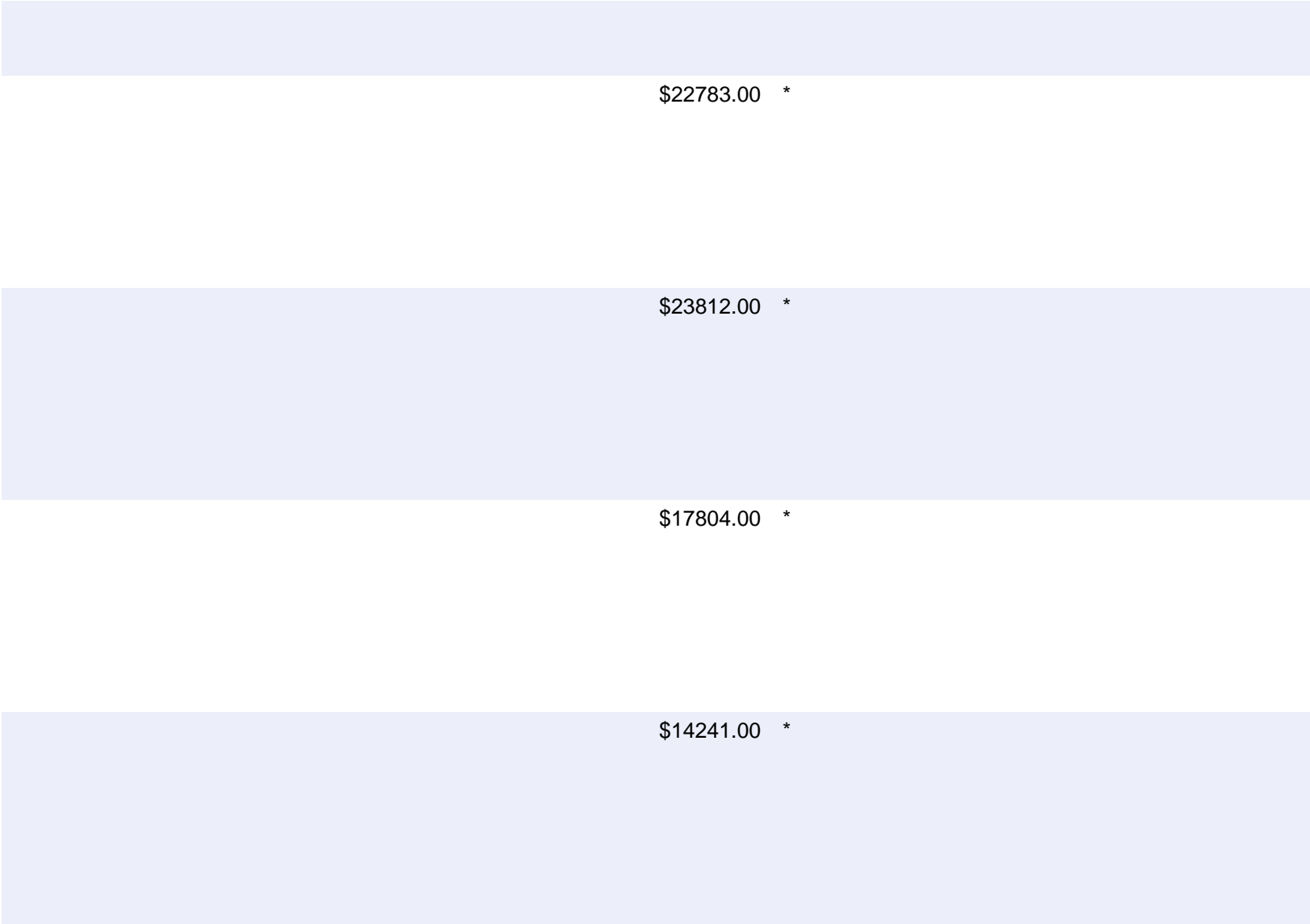
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$22783.00 *
2	\$23812.00 *
3	\$17804.00 *
4	\$14241.00 *

\$22783.00 \*

\$23812.00 \*

\$17804.00 \*

\$14241.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390217	EXCELA HEALTH FRICK HOSPITAL	508 SOUTH CHURCH STREET
390219	EXCELA HEALTH LATROBE HOSPITAL	ONE MELLON WAY
390219	EXCELA HEALTH LATROBE HOSPITAL	ONE MELLON WAY
390219	EXCELA HEALTH LATROBE HOSPITAL	ONE MELLON WAY
390220	JENNERSVILLE REGIONAL HOSPITAL	1015 WEST BALTIMORE PIKE

# knee

Based on Hospital Medicare Payment And Volume Measures

MOUNT  
PLEASANT PA

LATROBE PA

LATROBE PA

LATROBE PA

WEST GROVE PA

# knee

Based on Hospital Medicare Payment And Volume Measures

15666	WESTMORELAND	7245471500
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15650	WESTMORELAND	7245371000
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15650	WESTMORELAND	7245371000
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15650	WESTMORELAND	7245371000
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19390	CHESTER	6108691000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12971.00 \*

\$810.00 \*

\$1202.00 \*

\$7139.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390220

JENNERSVILLE REGIONAL  
HOSPITAL

1015 WEST BALTIMORE  
PIKE

390222

RIDDLE MEMORIAL HOSPITAL

1068 WEST BALTIMORE  
PIKE

390222

RIDDLE MEMORIAL HOSPITAL

1068 WEST BALTIMORE  
PIKE

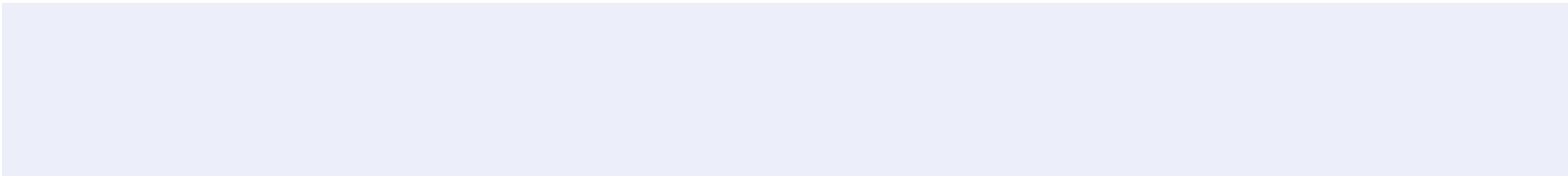
390222

RIDDLE MEMORIAL HOSPITAL

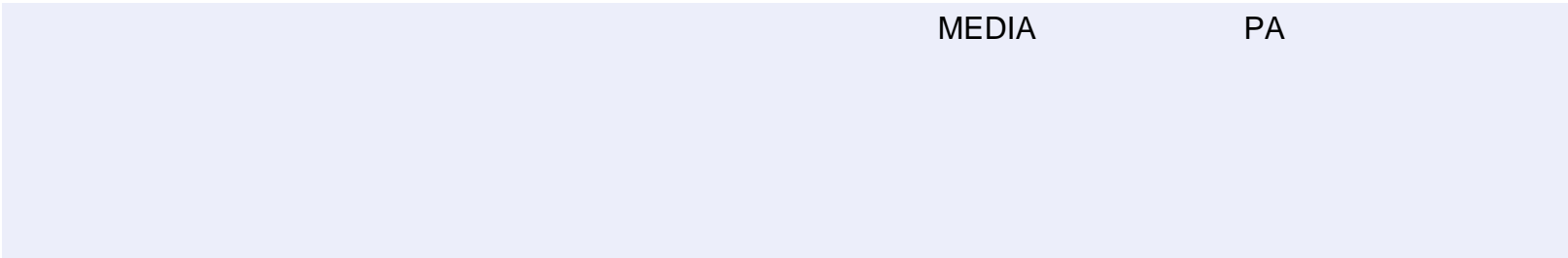
1068 WEST BALTIMORE  
PIKE

# knee

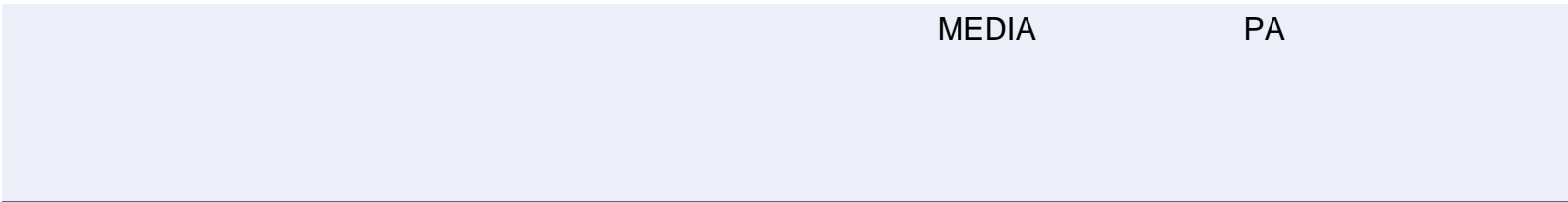
Based on Hospital Medicare Payment And Volume Measures



WEST GROVE PA



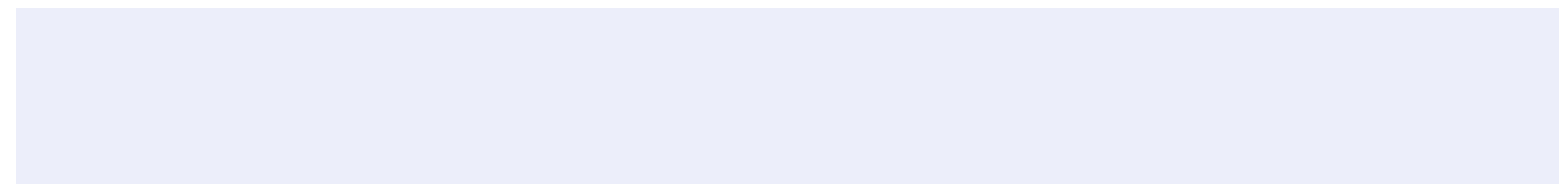
MEDIA PA



MEDIA PA

# knee

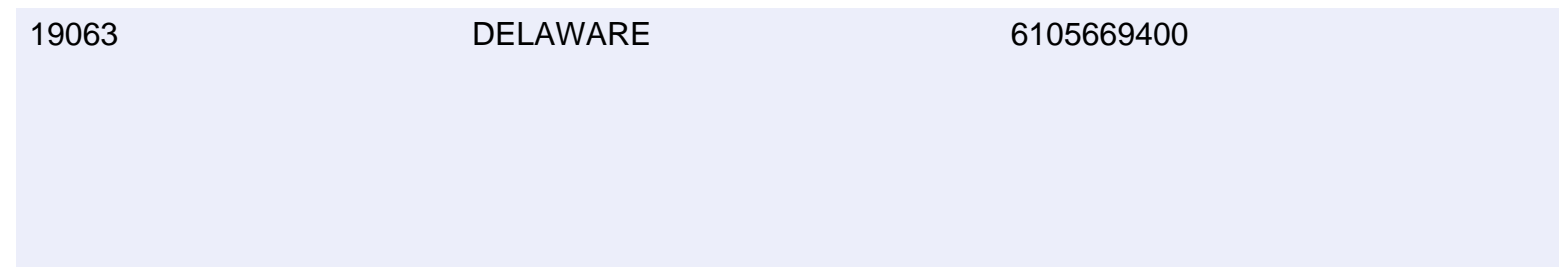
Based on Hospital Medicare Payment And Volume Measures



19390

CHESTER

6108691000



19063

DELAWARE

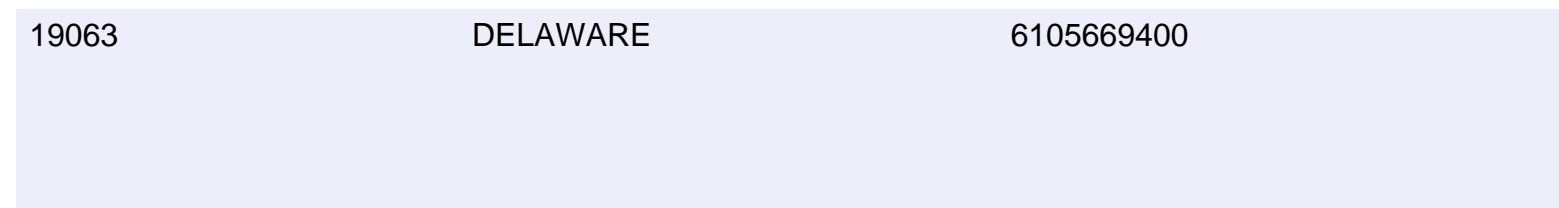
6105669400



19063

DELAWARE

6105669400



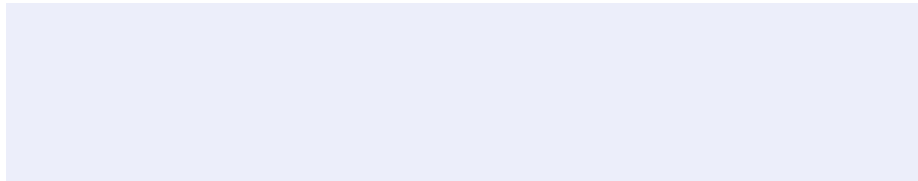
19063

DELAWARE

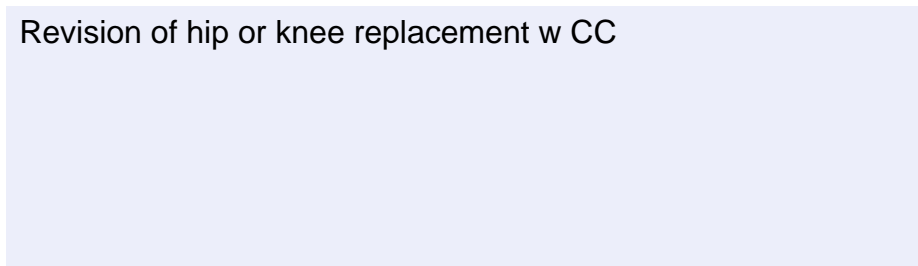
6105669400

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18130.00 \*

\$15128.00 \*

\$18194.00 \*

\$14518.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390223	PENN PRESBYTERIAN MEDICAL CENTER	51 NORTH 39TH STREET
390223	PENN PRESBYTERIAN MEDICAL CENTER	51 NORTH 39TH STREET
390223	PENN PRESBYTERIAN MEDICAL CENTER	51 NORTH 39TH STREET
390225	EPHRATA COMMUNITY HOSPITAL	169 MARTIN AVENUE
390225	EPHRATA COMMUNITY HOSPITAL	169 MARTIN AVENUE
390225	EPHRATA COMMUNITY HOSPITAL	169 MARTIN AVENUE

knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

PHILADELPHIA PA

PHILADELPHIA PA

EPHRATA	PA
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EPHRATA	PA
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EPHRATA	PA
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# knee

Based on Hospital Medicare Payment And Volume Measures

19104	PHILADELPHIA	2156628000
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19104	PHILADELPHIA	2156628000
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19104	PHILADELPHIA	2156628000
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17522	LANCASTER	7177330311
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17522	LANCASTER	7177330311
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17522	LANCASTER	7177330311
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19349.00	42
	\$21906.00	20
	\$20383.00	58
	\$16817.00 *	
	\$24269.00 *	
	\$13451.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390226	PENNSYLVANIA HOSP OF THE UNIV OF PA HEALTH SYS	800 SPRUCE STREET
390226	PENNSYLVANIA HOSP OF THE UNIV OF PA HEALTH SYS	800 SPRUCE STREET

390226	PENNSYLVANIA HOSP OF THE UNIV OF PA HEALTH SYS	800 SPRUCE STREET
390228	ST CLAIR MEMORIAL HOSPITAL	1000 BOWER HILL ROAD

390228	ST CLAIR MEMORIAL HOSPITAL	1000 BOWER HILL ROAD
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390228	ST CLAIR MEMORIAL HOSPITAL	1000 BOWER HILL ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

PHILADELPHIA PA

PHILADELPHIA PA

PITTSBURGH PA

PITTSBURGH PA

PITTSBURGH PA

# knee

Based on Hospital Medicare Payment And Volume Measures

19107	PHILADELPHIA	2158293000
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19107	PHILADELPHIA	2158293000
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19107	PHILADELPHIA	2158293000
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15243	ALLEGHENY	4125614900
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15243	ALLEGHENY	4125614900
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15243	ALLEGHENY	4125614900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18740.00 99

\$34749.00 \*

\$23428.00 55

\$15538.00 \*

\$21800.00 \*

\$12428.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390231	ABINGTON MEMORIAL HOSPITAL	1200 OLD YORK ROAD
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390231	ABINGTON MEMORIAL HOSPITAL	1200 OLD YORK ROAD
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390231	ABINGTON MEMORIAL HOSPITAL	1200 OLD YORK ROAD
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390233	HANOVER HOSPITAL	300 HIGHLAND AVE
--------	------------------	------------------

390233	HANOVER HOSPITAL	300 HIGHLAND AVE
--------	------------------	------------------

390237	MERCY HOSPITAL SCRANTON	746 JEFFERSON AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ABINGTON PA

ABINGTON PA

ABINGTON PA

HANOVER PA

HANOVER PA

SCRANTON PA

# knee

Based on Hospital Medicare Payment And Volume Measures

19001	MONTGOMERY	2154812000
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19001	MONTGOMERY	2154812000
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19001	MONTGOMERY	2154812000
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17331	YORK	7176373711
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17331	YORK	7176373711
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18501	LACKAWANNA	5703487100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16425.00 16

\$30457.00 \*

\$17112.00 16

\$19399.00 \*

\$14340.00 \*

\$13649.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

390237	MERCY HOSPITAL SCRANTON	746 JEFFERSON AVENUE
390256	MILTON S HERSHEY MEDICAL CENTER	500 UNIVERSITY DRIVE
390256	MILTON S HERSHEY MEDICAL CENTER	500 UNIVERSITY DRIVE
390256	MILTON S HERSHEY MEDICAL CENTER	500 UNIVERSITY DRIVE
390258	ST MARY MEDICAL CENTER	LANGHORNE-NEWTOWN RD
390258	ST MARY MEDICAL CENTER	LANGHORNE-NEWTOWN RD

# knee

Based on Hospital Medicare Payment And Volume Measures

SCRANTON	PA
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HERSHEY	PA
---------	----

HERSHEY	PA
---------	----

HERSHEY	PA
---------	----

LANGHORNE	PA
-----------	----

LANGHORNE	PA
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

18501	LACKAWANNA	5703487100
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17033	DAUPHIN	7175318521
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17033	DAUPHIN	7175318521
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17033	DAUPHIN	7175318521
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19047	BUCKS	2157502003
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19047	BUCKS	2157502003
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17064.00 *	
	\$23093.00	40
	\$28093.00 *	
	\$18471.00	21
	\$13309.00 *	
	\$18152.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390263

LEHIGH VALLEY HOSPITAL -  
MUHLENBERG

2545 SCHOENERSVILLE  
ROAD

390263

LEHIGH VALLEY HOSPITAL -  
MUHLENBERG

2545 SCHOENERSVILLE  
ROAD

390263

LEHIGH VALLEY HOSPITAL -  
MUHLENBERG

2545 SCHOENERSVILLE  
ROAD

390265

JEFFERSON REGIONAL MEDICAL  
CENTER

565 COAL VALLEY RD

# knee

Based on Hospital Medicare Payment And Volume Measures

BETHLEHEM PA

BETHLEHEM PA

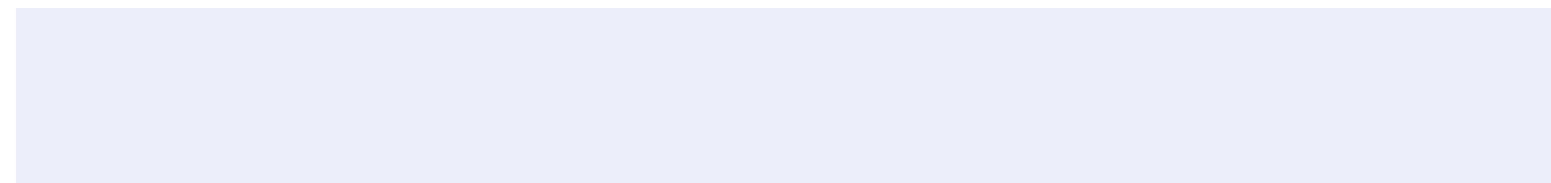
BETHLEHEM PA

PITTSBURGH PA



# knee

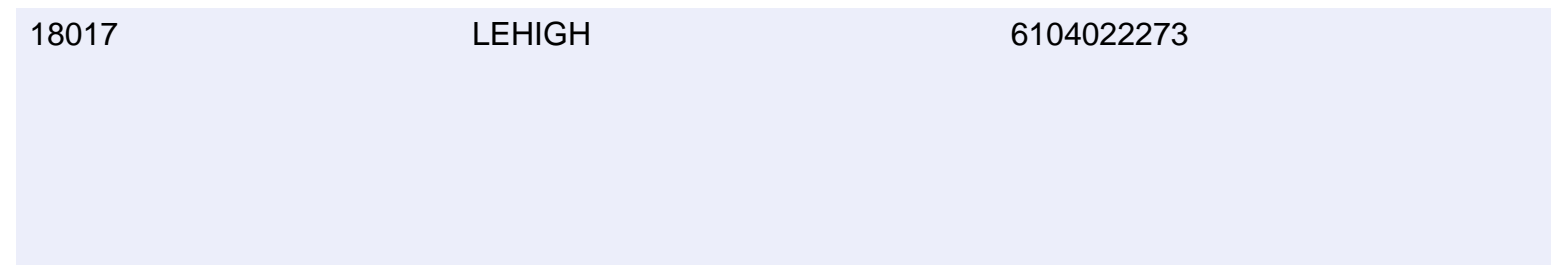
Based on Hospital Medicare Payment And Volume Measures



18017

LEHIGH

6104022273



18017

LEHIGH

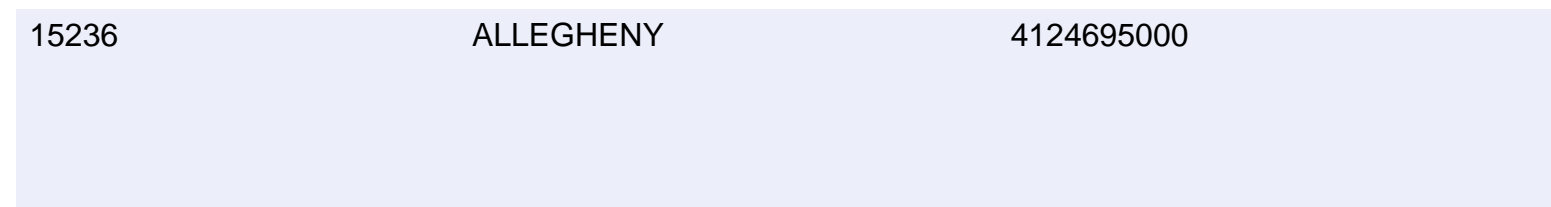
6104022273



18017

LEHIGH

6104022273



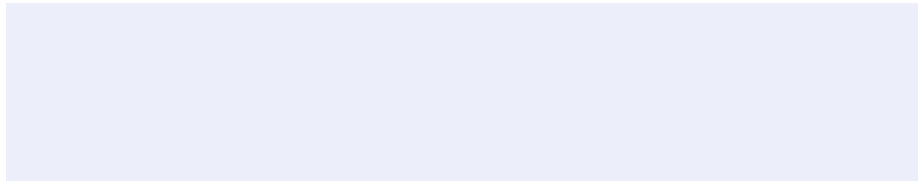
15236

ALLEGHENY

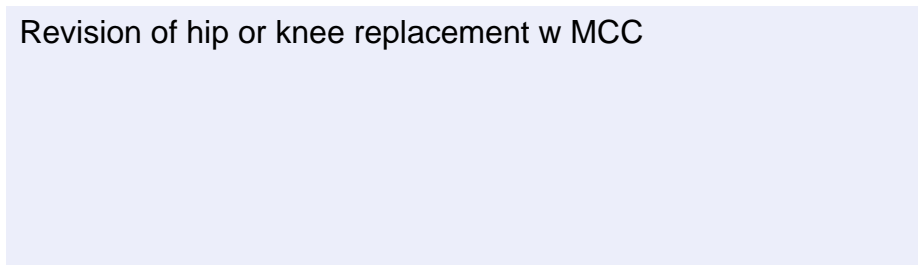
4124695000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures




\$15602.00 \*



\$18755.00 \*

\$1562.00 \*



\$18690.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390265	JEFFERSON REGIONAL MEDICAL CENTER	565 COAL VALLEY RD
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390266	GROVE CITY MEDICAL CENTER	631 NORTH BROAD STREET EXT.
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390266	GROVE CITY MEDICAL CENTER	631 NORTH BROAD STREET EXT.
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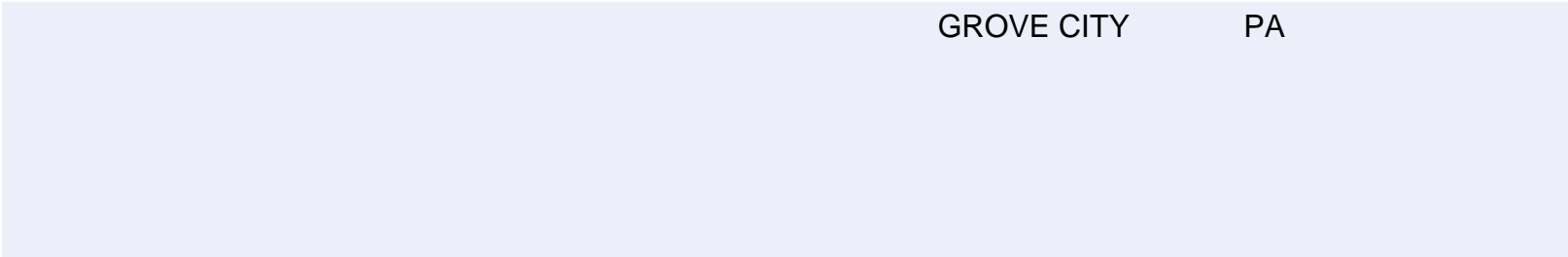
390266	GROVE CITY MEDICAL CENTER	631 NORTH BROAD STREET EXT.
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# knee

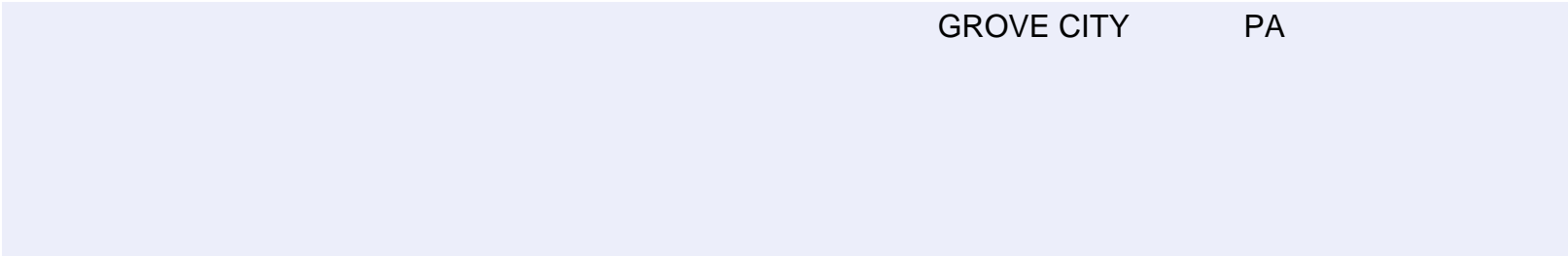
Based on Hospital Medicare Payment And Volume Measures



PITTSBURGH PA



GROVE CITY PA



GROVE CITY PA

# knee

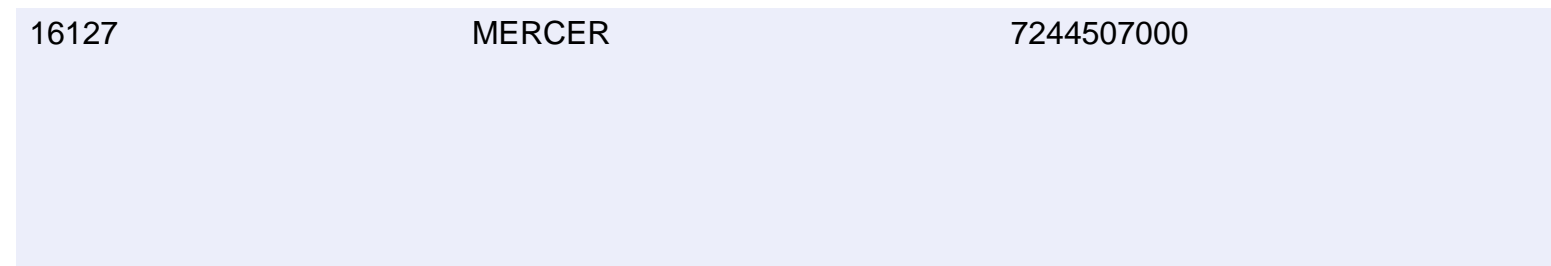
Based on Hospital Medicare Payment And Volume Measures



15236

ALLEGHENY

4124695000



16127

MERCER

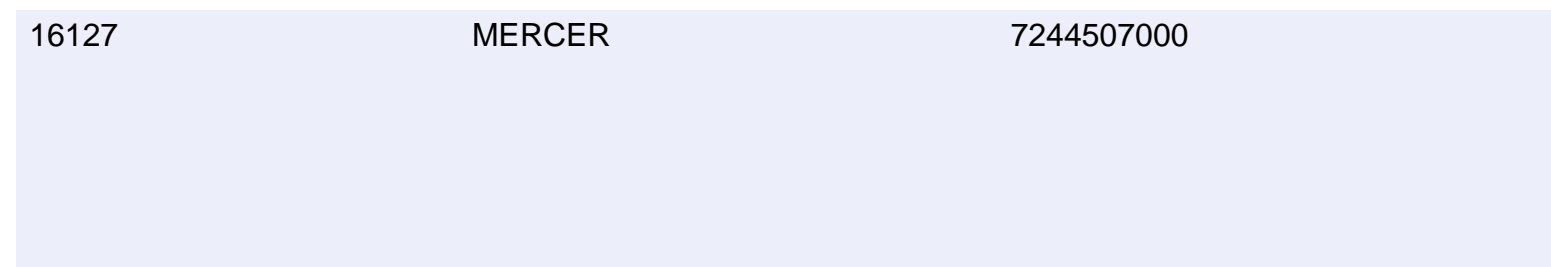
7244507000



16127

MERCER

7244507000



16127

MERCER

7244507000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15541.00 \*

\$7109.00 \*

\$16616.00 \*

\$13261.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

390267	WESTERN PENNSYLVANIA HOSP FORBES REGIONAL CAMPUS	2570 HAYMAKER RD
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390267	WESTERN PENNSYLVANIA HOSP FORBES REGIONAL CAMPUS	2570 HAYMAKER RD
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390267	WESTERN PENNSYLVANIA HOSP FORBES REGIONAL CAMPUS	2570 HAYMAKER RD
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390268	MOUNT NITTANY MEDICAL CENTER	1800 EAST PARK AVE
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390268	MOUNT NITTANY MEDICAL CENTER	1800 EAST PARK AVE
--------	------------------------------	--------------------

390268	MOUNT NITTANY MEDICAL CENTER	1800 EAST PARK AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MONROEVILLE PA

MONROEVILLE PA

MONROEVILLE PA

STATE COLLEGE PA

STATE COLLEGE PA

STATE COLLEGE PA

# knee

Based on Hospital Medicare Payment And Volume Measures

15146	ALLEGHENY	4128582000
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15146	ALLEGHENY	4128582000
-------	-----------	------------

15146	ALLEGHENY	4128582000
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16803	CENTRE	8142317000
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16803	CENTRE	8142317000
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16803	CENTRE	8142317000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$530.00	*
\$959.00	*
\$673.00	*
\$15744.00	21
\$23352.00	*
\$12593.00	24

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390270	GEISINGER WYOMING VALLEY MEDICAL CENTER	1000 EAST MOUNTAIN BOULEVARD
390270	GEISINGER WYOMING VALLEY MEDICAL CENTER	1000 EAST MOUNTAIN BOULEVARD
390270	GEISINGER WYOMING VALLEY MEDICAL CENTER	1000 EAST MOUNTAIN BOULEVARD
390290	HAHNEMANN UNIVERSITY HOSPITAL	230 NORTH BROAD STREET
390290	HAHNEMANN UNIVERSITY HOSPITAL	230 NORTH BROAD STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	WILKES BARRE	PA
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	WILKES BARRE	PA
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	WILKES BARRE	PA
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	PHILADELPHIA	PA
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	PHILADELPHIA	PA
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# knee

Based on Hospital Medicare Payment And Volume Measures

18711	LUZERNE	5708267300
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18711	LUZERNE	5708267300
-------	---------	------------

18711	LUZERNE	5708267300
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19102	PHILADELPHIA	2157627000
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19102	PHILADELPHIA	2157627000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15133.00	12
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\$20083.00 \*

	\$18588.00 *
--	--------------

\$29809.00 \*

	\$41824.00 *
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# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390290	HAHNEMANN UNIVERSITY HOSPITAL	230 NORTH BROAD STREET
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390304	ROXBOROUGH MEMORIAL HOSPITAL	5800 RIDGE AVE
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390304	ROXBOROUGH MEMORIAL HOSPITAL	5800 RIDGE AVE
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390304	ROXBOROUGH MEMORIAL HOSPITAL	5800 RIDGE AVE
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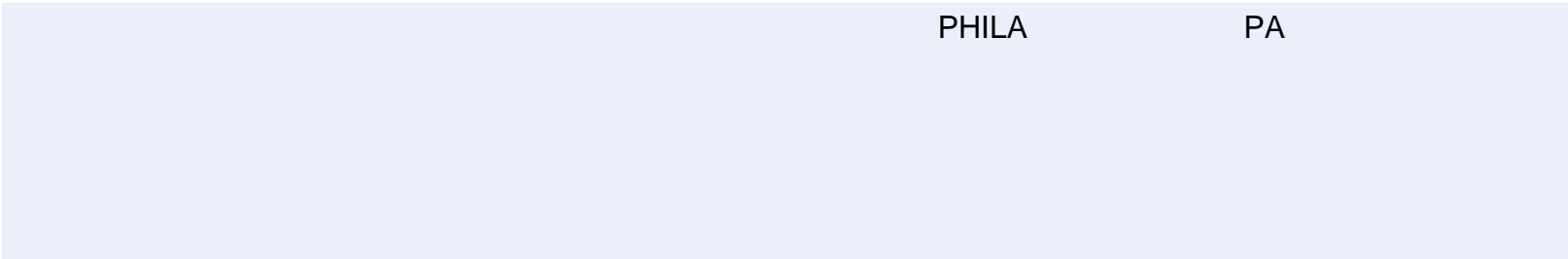
390307	EDGEWOOD SURGICAL HOSPITAL	239 EDGEWOOD DRIVE EXTENSION
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# knee

Based on Hospital Medicare Payment And Volume Measures

PHILADELPHIA PA

PHILA PA



PHILA PA





# knee

Based on Hospital Medicare Payment And Volume Measures

19102	PHILADELPHIA	2157627000
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19128	PHILADELPHIA	2154839900
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19128	PHILADELPHIA	2154839900
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19128	PHILADELPHIA	2154839900
-------	--------------	------------

16154	MERCER	7246460400
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$5272.00 \*

\$1488.00 \*

\$2999.00 \*

\$20549.00 \*

\$13915.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

390307

EDGEWOOD SURGICAL HOSPITAL

239 EDGEWOOD DRIVE  
EXTENSION

390312

CANCER TREATMENT CENTERS OF  
AMERICA

1331 EAST WYOMING  
AVENUE

390313

SAINT CATHERINE MEDICAL  
CENTER FOUNTAIN SPRINGS

101 BROAD STREET

390314

COORDINATED HEALTH  
ORTHOPEDIC HOSPITAL

2310 HIGHLAND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

TRANSFER

PA

PHILADELPHIA

PA

ASHLAND

PA

BETHLEHEM

PA

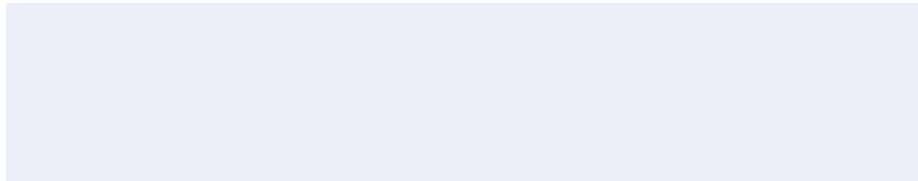
# knee

Based on Hospital Medicare Payment And Volume Measures

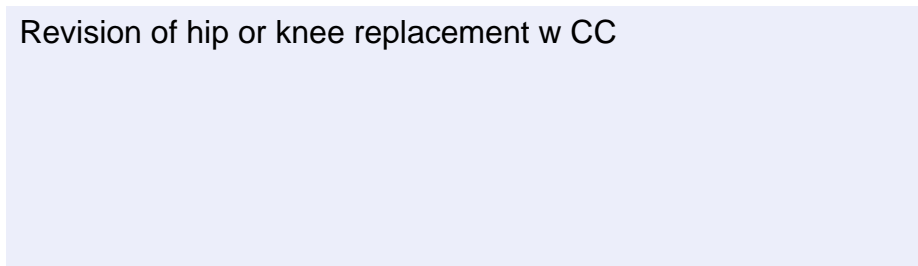
16154	MERCER	7246460400
19124	PHILADELPHIA	2157446728
17921	SCHUYLKILL	5708752000
18017	LEHIGH	6106914300

# knee

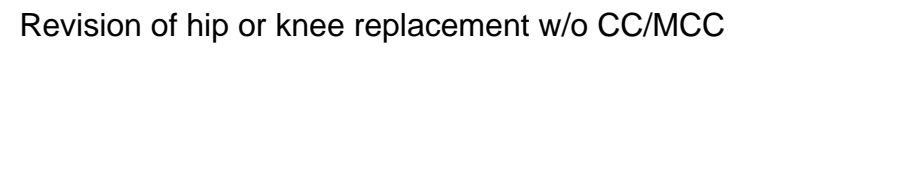
Based on Hospital Medicare Payment And Volume Measures



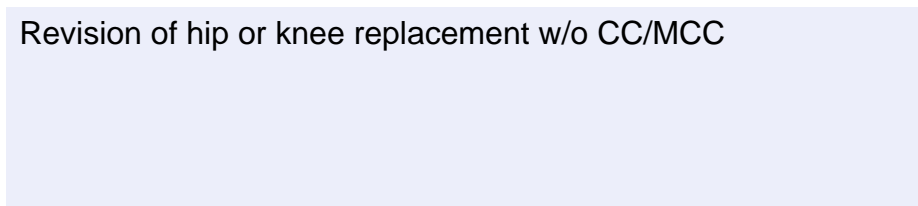
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$22947.00 \*

\$22102.00 \*

\$13241.00 \*

\$13299.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

390314	COORDINATED HEALTH ORTHOPEDIC HOSPITAL	2310 HIGHLAND AVENUE
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390316	SURGICAL INSTITUTE OF READING	2752 CENTURY BOULEVARD
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390316	SURGICAL INSTITUTE OF READING	2752 CENTURY BOULEVARD
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400001	ASHFORD PRESBYTERIAN COMMUNITY HOSP	1451 ASHFORD AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BETHLEHEM PA

WYOMISSING PA

WYOMISSING PA

SAN JUAN PR

# knee

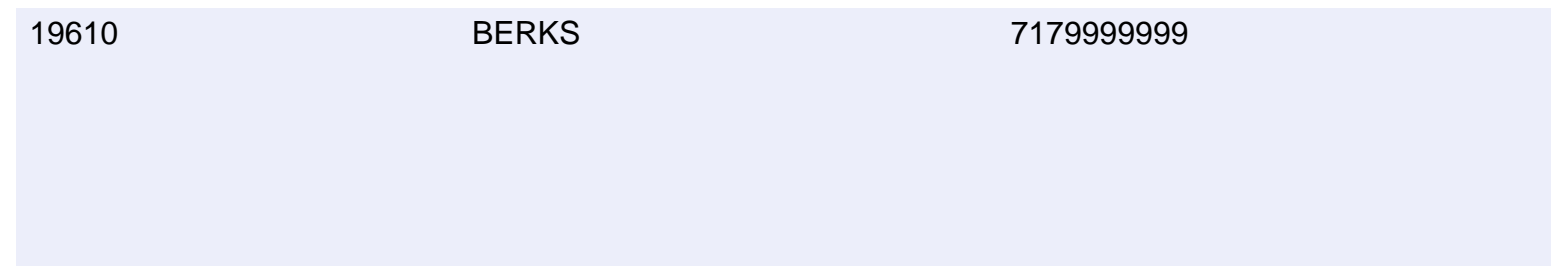
Based on Hospital Medicare Payment And Volume Measures



18017

LEHIGH

6106914300



19610

BERKS

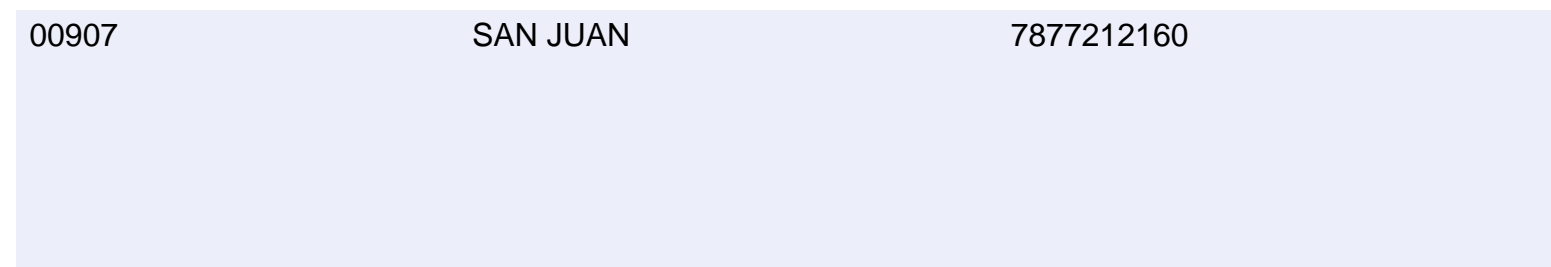
7179999999



19610

BERKS

7179999999



00907

SAN JUAN

7877212160

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16627.00 \*

\$12678.00 \*

\$12169.00 \*

\$8235.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

400001	ASHFORD PRESBYTERIAN COMMUNITY HOSP	1451 ASHFORD AVENUE
400003	HOSPITAL DR PILA	LAS AMERICAS AVE
400003	HOSPITAL DR PILA	LAS AMERICAS AVE
400006	DOCTORS' CENTER HOSPITAL SAN JUAN	PDA. 20 C/ SAN RAFAEL # 1395
400012	DR I GONZALEZ MARTINEZ ONCOLOGY HOSP	BO. MONACILLOS CENTRO MEDICO

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN JUAN PR

PONCE PR

PONCE PR

FERNANDEZ  
JUNCOS PR

SAN JUAN PR

# knee

Based on Hospital Medicare Payment And Volume Measures

00907	SAN JUAN	7877212160
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00733	PONCE	7878485600
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00733	PONCE	7878485600
-------	-------	------------

00909	SAN JUAN	7877232950
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00919	SAN JUAN	7877634149
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15270.00 \*

\$291.00 \*

\$233.00 \*

\$15926.00 \*

\$8234.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

400012	DR I GONZALEZ MARTINEZ ONCOLOGY HOSP	BO. MONACILLOS CENTRO MEDICO
400014	BELLA VISTA HOSPITAL	CARR 349 KM 2 7 CERRO LAS MESAS
400015	SAN JUAN MUNICIPAL HOSPITAL	BARRIO MONACILLOS,CENTRO MEDICO
400016	AUXILIO MUTUO HOSPITAL	PONCE DE LEON AVENUE STOP 36 1/2 #735
400016	AUXILIO MUTUO HOSPITAL	PONCE DE LEON AVENUE STOP 36 1/2 #735

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN JUAN PR

MAYAGUEZ PR

RIO PIEDRAS PR

HATO REY PR

HATO REY PR



# knee

Based on Hospital Medicare Payment And Volume Measures

00919	SAN JUAN	7877634149
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00681	MAYAGUEZ	7876526045
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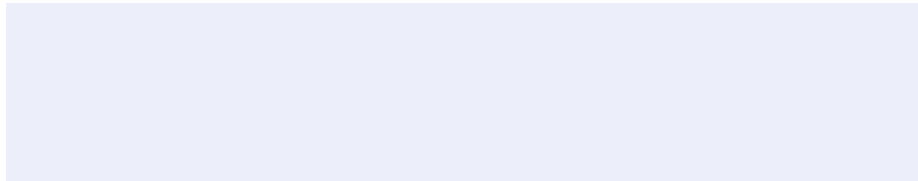
00936	SAN JUAN	7877568535
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00918	SAN JUAN	7877582000
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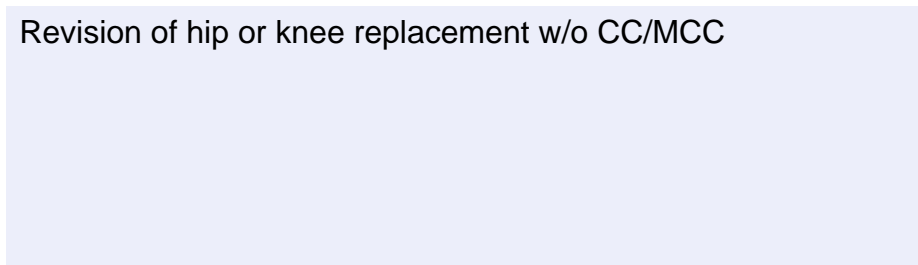
00918	SAN JUAN	7877582000
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# knee

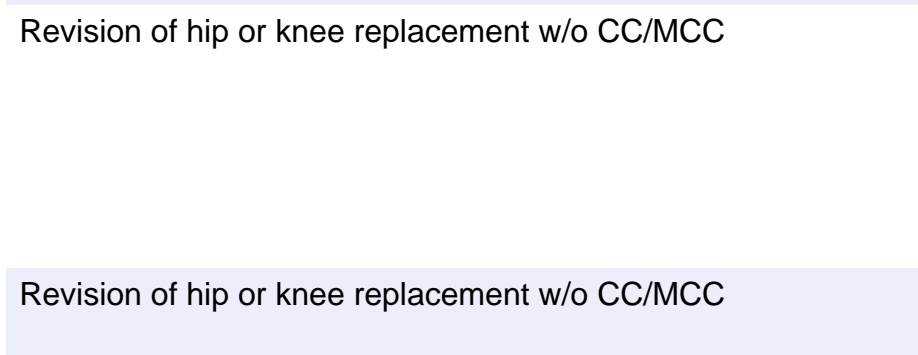
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

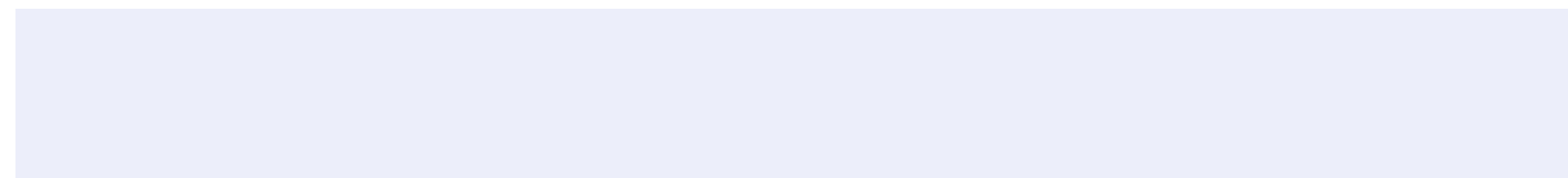


Revision of hip or knee replacement w/o CC/MCC

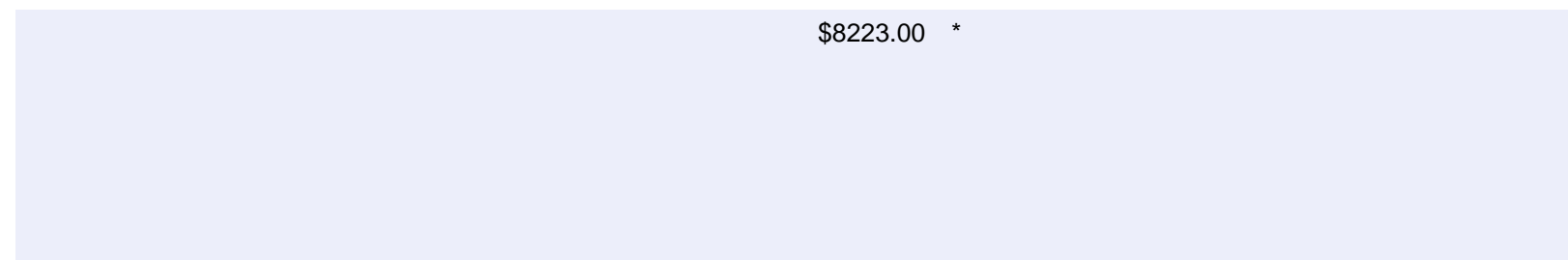
Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$10295.00 \*



\$8223.00 \*



\$853.00 \*

\$8235.00

17

\$10295.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

400018	MENNONITE GENERAL HOSPITAL INC	CALLE JOSE C VASQUEZ BO. CAONILLAS
400019	HOSPITAL PAVIA SANTURCE	CALLE PROFESOR AUGUSTO RODRIGUEZ #1462
400019	HOSPITAL PAVIA SANTURCE	CALLE PROFESOR AUGUSTO RODRIGUEZ #1462
400021	HOSPITAL DE LA CONCEPCION	ROAD NUMBER 2 KM 173.4

# knee

Based on Hospital Medicare Payment And Volume Measures

AIBONITO PR

FERNANDEZ  
JUNCOS PR

FERNANDEZ  
JUNCOS PR

SAN GERMAN PR

# knee

Based on Hospital Medicare Payment And Volume Measures

00705

AIBONITO

7875351001

00910

SAN JUAN

7877276060

00910

SAN JUAN

7877276060

00683

SAN GERMAN

7878921860

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$11167.00 \*

\$8235.00 \*

\$10295.00 \*

\$385.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

400022	HOSPITAL DAMAS INC	PONCE BY PASS #2213
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400022	HOSPITAL DAMAS INC	PONCE BY PASS #2213
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400044	SAN LUKE'S MEMORIAL HOSPITAL INC	TITO CASTRO AVE #917
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400044	SAN LUKE'S MEMORIAL HOSPITAL INC	TITO CASTRO AVE #917
--------	-------------------------------------	----------------------

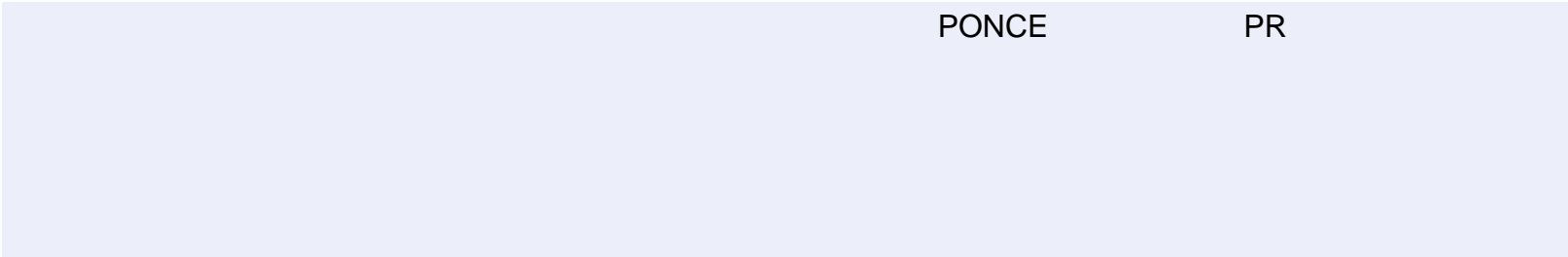
# knee

Based on Hospital Medicare Payment And Volume Measures



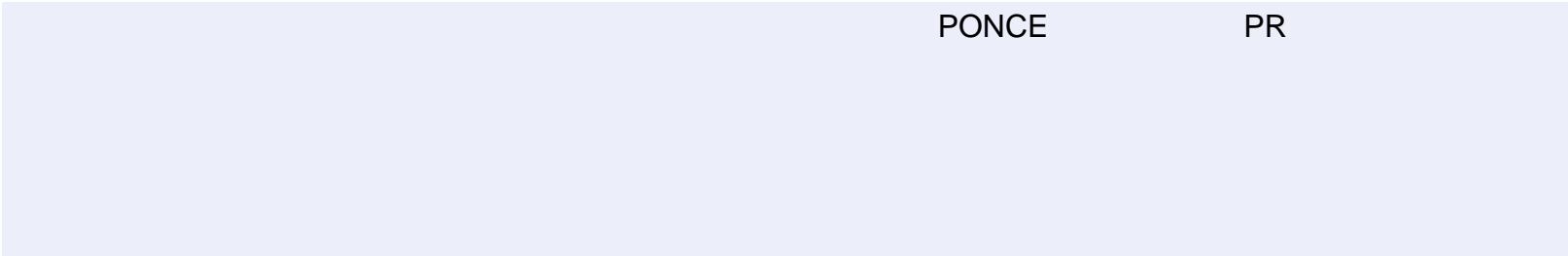
PONCE

PR



PONCE

PR



PONCE

PR

# knee

Based on Hospital Medicare Payment And Volume Measures

00717

PONCE

7878408460

00717

PONCE

7878408460

00733

PONCE

7878442080

00733

PONCE

7878442080

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

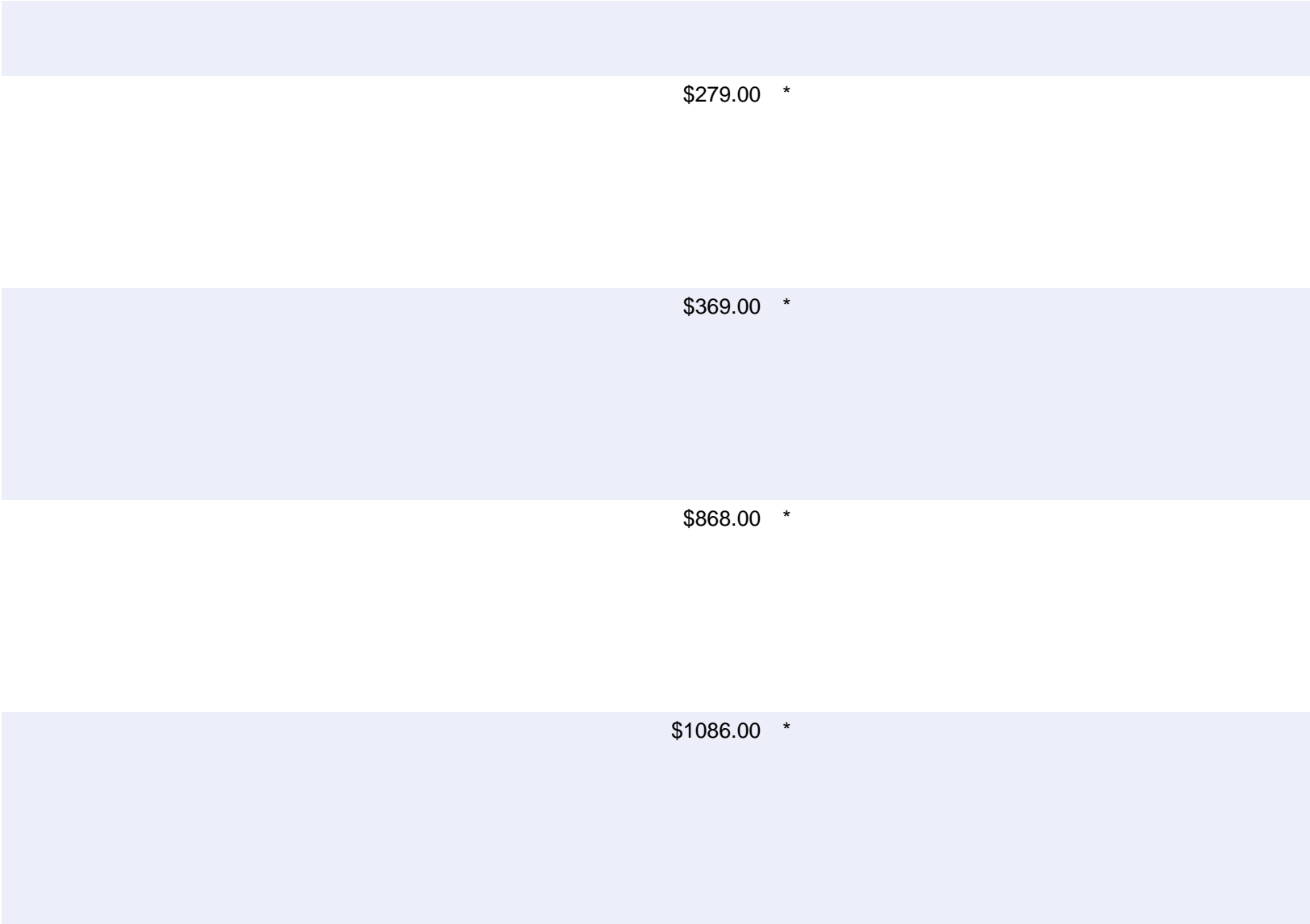
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$279.00 *
2	\$369.00 *
3	\$1086.00 *

\$279.00 \*

\$369.00 \*

\$868.00 \*

\$1086.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

400044	SAN LUKE'S MEMORIAL HOSPITAL INC	TITO CASTRO AVE #917
400098	HOSPITAL SAN FRANCISCO	371 DE DIEGO AVE
400102	DOCTORS CENTER HOSPITAL BAYAMON	9 J STREET EXT HERMANAS DAVILA
400109	HOSPITAL HIMA-SAN PABLO BAYAMON	CALLE SANTA CRUZ NUMERO 70 URB SANTA CRUZ
400110	HOSPITAL METROPOLITANO DR TITO MATTEI	ROAD 128 KM 1.0

# knee

Based on Hospital Medicare Payment And Volume Measures

PONCE PR

SAN JUAN PR

BAYAMON PR

BAYAMON PR

YAUCO PR

# knee

Based on Hospital Medicare Payment And Volume Measures

00733	PONCE	7878442080
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00923	SAN JUAN	7877675100
-------	----------	------------

00959	BAYAMON	7876225420
-------	---------	------------

00960	BAYAMON	7876204747
-------	---------	------------

00698	YAUCO	7878561000
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1610.00 \*

\$10107.00 \*

\$8638.00 \*

\$10295.00 \*

\$7885.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

400114

MANATI MEDICAL CENTER DR  
OTERO LOPEZ

CALLE HERNANDEZ  
CARRION URB ATENAS

400114

MANATI MEDICAL CENTER DR  
OTERO LOPEZ

CALLE HERNANDEZ  
CARRION URB ATENAS

400120

HIMA SAN PABLO-CAGUAS

AVE LUIS MUNOZ MARIN

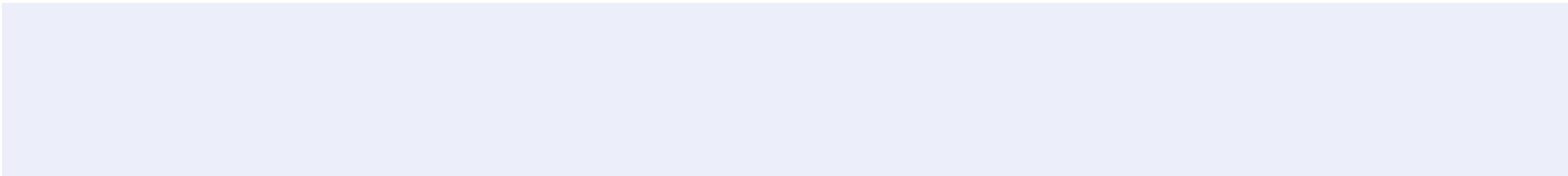
400120

HIMA SAN PABLO-CAGUAS

AVE LUIS MUNOZ MARIN

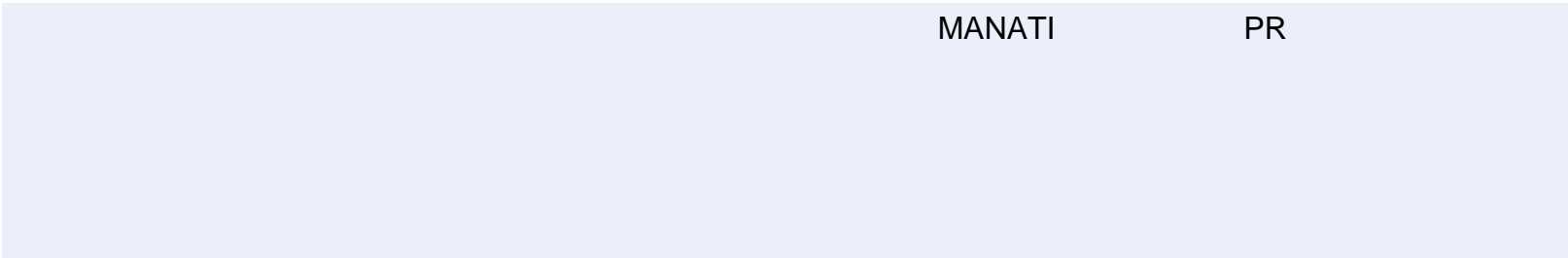
# knee

Based on Hospital Medicare Payment And Volume Measures



MANATI

PR



MANATI

PR

CAGUAS

PR



CAGUAS

PR



# knee

Based on Hospital Medicare Payment And Volume Measures

00674

MANATI

7876213700

00674

MANATI

7876213700

00725

CAGUAS

7876533434

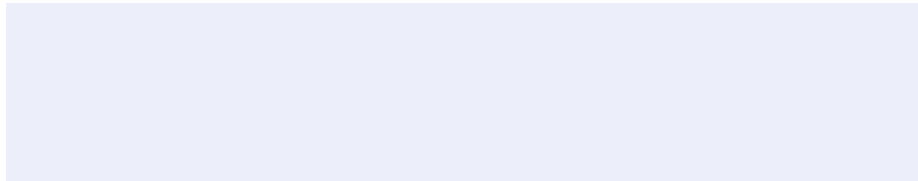
00725

CAGUAS

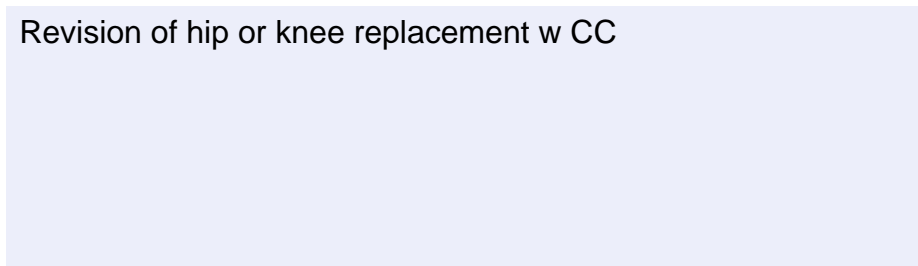
7876533434

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$235.00 \*

\$294.00 \*

\$17554.00 \*

\$8759.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

400120	HIMA SAN PABLO-CAGUAS	AVE LUIS MUNOZ MARIN
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400125	HIMA-SAN PABLO FAJARDO	GENERAL VALERO AVE#404
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400125	HIMA-SAN PABLO FAJARDO	GENERAL VALERO AVE#404
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410001	MEMORIAL HOSPITAL OF RHODE ISLAND	111 BREWSTER STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

CAGUAS

PR

FAJARDO

PR

FAJARDO

PR

PAWTUCKET

RI

# knee

Based on Hospital Medicare Payment And Volume Measures

00725

CAGUAS

7876533434

00738

FAJARDO

7876550505

00738

FAJARDO

7876550505

02860

PROVIDENCE

4017292000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

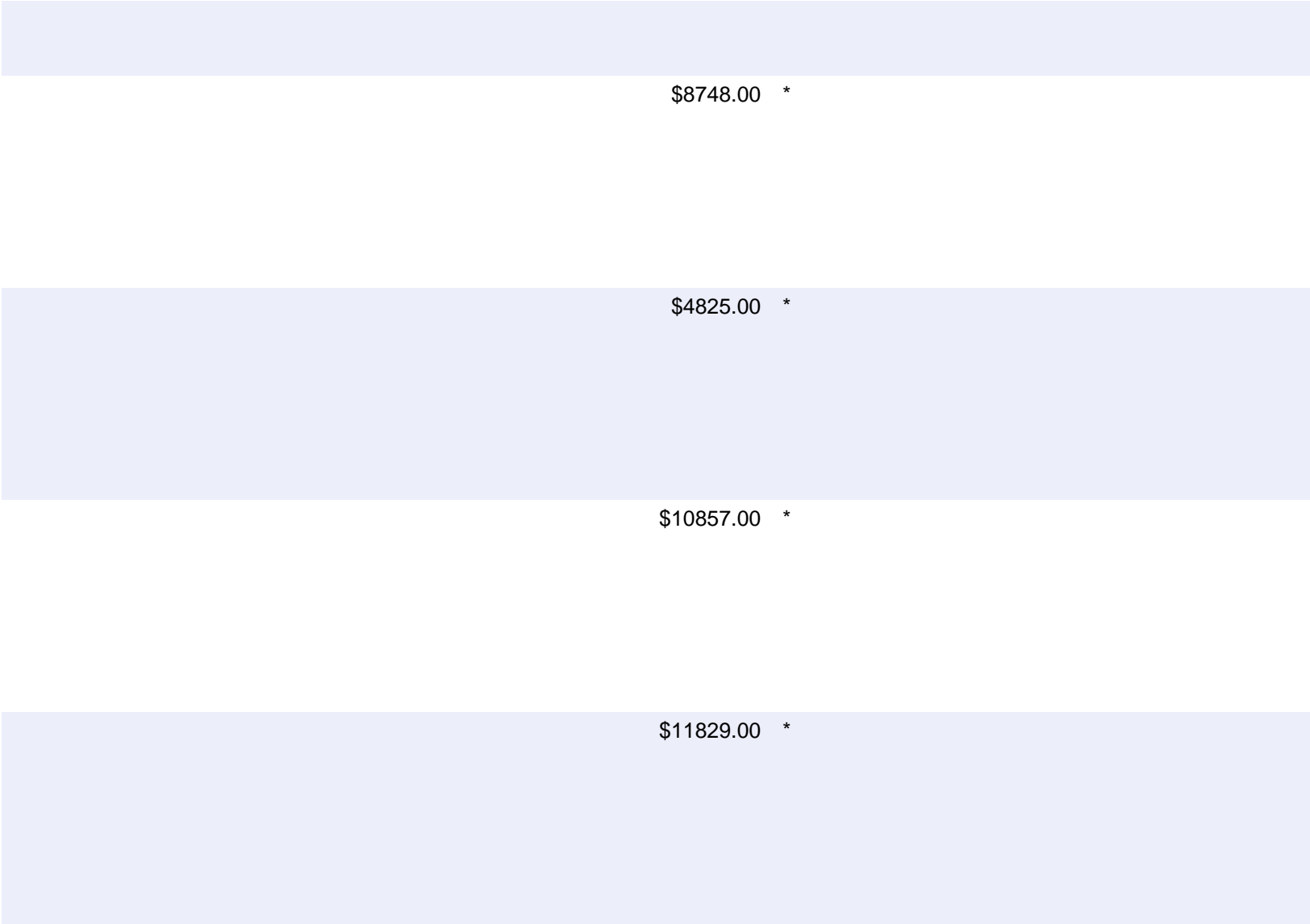
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$8748.00 *
2	\$4825.00 *
3	\$11829.00 *

\$8748.00 \*

\$4825.00 \*

\$10857.00 \*

\$11829.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

410001	MEMORIAL HOSPITAL OF RHODE ISLAND	111 BREWSTER STREET
410004	ROGER WILLIAMS MEDICAL CENTER	825 CHALKSTONE AVENUE
410004	ROGER WILLIAMS MEDICAL CENTER	825 CHALKSTONE AVENUE
410004	ROGER WILLIAMS MEDICAL CENTER	825 CHALKSTONE AVENUE
410005	ST JOSEPH HEALTH SERVICES OF RI	200 HIGH SERVICE AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

PAWTUCKET RI

PROVIDENCE RI

PROVIDENCE RI

PROVIDENCE RI

NORTH  
PROVIDENCE RI

# knee

Based on Hospital Medicare Payment And Volume Measures

02860	PROVIDENCE	4017292000
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02908	PROVIDENCE	4014562000
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02908	PROVIDENCE	4014562000
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02908	PROVIDENCE	4014562000
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02904	PROVIDENCE	4014563000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$3758.00 \*

\$24052.00 \*

\$4870.00 \*

\$2560.00 \*

\$14925.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

410005	ST JOSEPH HEALTH SERVICES OF RI	200 HIGH SERVICE AVENUE
410005	ST JOSEPH HEALTH SERVICES OF RI	200 HIGH SERVICE AVENUE
410007	RHODE ISLAND HOSPITAL	593 EDDY STREET
410007	RHODE ISLAND HOSPITAL	593 EDDY STREET
410007	RHODE ISLAND HOSPITAL	593 EDDY STREET
410008	SOUTH COUNTY HOSPITAL INC	100 KENYON AVE

knee

Based on Hospital Medicare Payment And Volume Measures

	NORTH PROVIDENCE	RI
	NORTH PROVIDENCE	RI
	PROVIDENCE	RI
	PROVIDENCE	RI
	PROVIDENCE	RI
	WAKEFIELD	RI

# knee

Based on Hospital Medicare Payment And Volume Measures

02904	PROVIDENCE	4014563000
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02904	PROVIDENCE	4014563000
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02902	PROVIDENCE	4014444000
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02902	PROVIDENCE	4014444000
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02902	PROVIDENCE	4014444000
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02879	WASHINGTON	4017828000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$22443.00 *		
			\$18664.00 *		
			\$12728.00		26
			\$22316.00		11
			\$40100.00 *		
			\$26396.00 *		

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

410008

SOUTH COUNTY HOSPITAL INC

100 KENYON AVE

410008

SOUTH COUNTY HOSPITAL INC

100 KENYON AVE

410009

KENT COUNTY MEMORIAL  
HOSPITAL

455 TOLL GATE RD

410009

KENT COUNTY MEMORIAL  
HOSPITAL

455 TOLL GATE RD

# knee

Based on Hospital Medicare Payment And Volume Measures

WAKEFIELD RI

WAKEFIELD RI

WARWICK RI

WARWICK RI



# knee

Based on Hospital Medicare Payment And Volume Measures

02879

WASHINGTON

4017828000

02879

WASHINGTON

4017828000

02886

KENT

4017377000

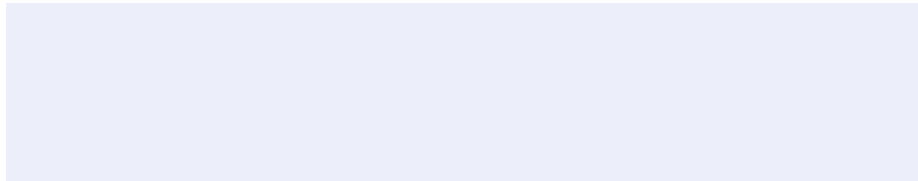
02886

KENT

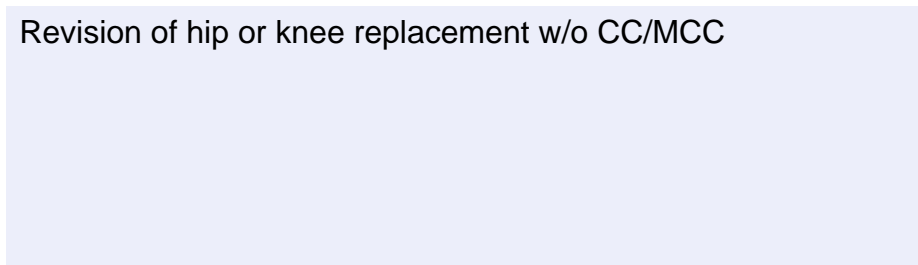
4017377000

# knee

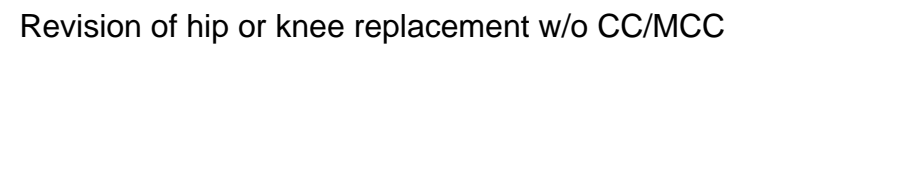
Based on Hospital Medicare Payment And Volume Measures



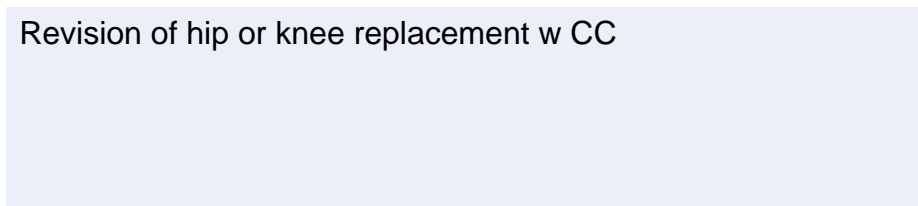
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17797.00 \*

\$14235.00 \*

\$228.00 \*

\$19900.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

410011	LANDMARK MEDICAL CENTER, INC	115 CASS AVE
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410012	MIRIAM HOSPITAL	164 SUMMIT AVENUE
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410012	MIRIAM HOSPITAL	164 SUMMIT AVENUE
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410012	MIRIAM HOSPITAL	164 SUMMIT AVENUE
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410013	WESTERLY HOSPITAL	25 WELLS STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

WOONSOCKET RI

PROVIDENCE RI

PROVIDENCE RI

PROVIDENCE RI

WESTERLY RI

# knee

Based on Hospital Medicare Payment And Volume Measures

02895	PROVIDENCE	4017694100
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02906	PROVIDENCE	4017932500
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02906	PROVIDENCE	4017932500
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02906	PROVIDENCE	4017932500
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02891	WASHINGTON	4015966000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

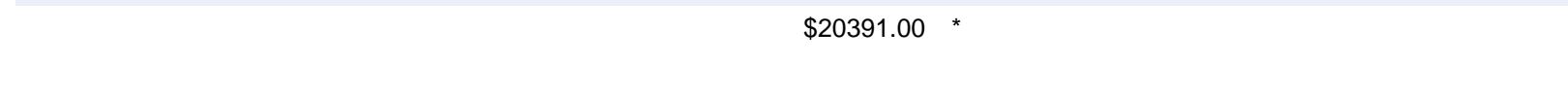
Based on Hospital Medicare Payment And Volume Measures



\$19872.00 \*



\$19295.00 \*



\$20391.00 \*



\$17045.00

12

\$15104.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

410013

WESTERLY HOSPITAL

25 WELLS STREET

420002

PIEDMONT MEDICAL CENTER

222 S HERLONG AVE

420002

PIEDMONT MEDICAL CENTER

222 S HERLONG AVE

420004

MUSC MEDICAL CENTER

169 ASHLEY AVE

420004

MUSC MEDICAL CENTER

169 ASHLEY AVE

420004

MUSC MEDICAL CENTER

169 ASHLEY AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

WESTERLY RI

ROCK HILL SC

ROCK HILL SC

CHARLESTON SC

CHARLESTON SC

CHARLESTON SC

# knee

Based on Hospital Medicare Payment And Volume Measures

02891	WASHINGTON	4015966000
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29730	YORK	8033291234
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29730	YORK	8033291234
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29425	CHARLESTON	8437922300
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29425	CHARLESTON	8437922300
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29425	CHARLESTON	8437922300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18882.00 \*

\$15705.00 \*

\$13820.00 \*

\$20955.00 37

\$26025.00 39

\$38600.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

420005	MCLEOD MEDICAL CENTER - DILLON	301 E JACKSON ST
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420007	SPARTANBURG REGIONAL MEDICAL CENTER	101 E WOOD ST
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420007	SPARTANBURG REGIONAL MEDICAL CENTER	101 E WOOD ST
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420007	SPARTANBURG REGIONAL MEDICAL CENTER	101 E WOOD ST
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420009	OCONEE MEDICAL CENTER	298 MEMORIAL DRIVE
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420009	OCONEE MEDICAL CENTER	298 MEMORIAL DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

DILLON	SC
--------	----

SPARTANBURG	SC
-------------	----

SPARTANBURG	SC
-------------	----

SPARTANBURG	SC
-------------	----

SENECA	SC
--------	----

SENECA	SC
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

29536	DILLON	8437744111
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29303	SPARTANBURG	8645606000
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29303	SPARTANBURG	8645606000
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29303	SPARTANBURG	8645606000
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29672	OCONEE	8648823351
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29672	OCONEE	8648823351
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13777.00 *	
	\$15165.00	19
	\$28121.00 *	
	\$18959.00	35
	\$14598.00 *	
	\$23444.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

420009	OCONEE MEDICAL CENTER	298 MEMORIAL DRIVE
420010	CAROLINA PINES REGIONAL MEDICAL CENTER	1304 W BOBO NEWSOM HWY
420010	CAROLINA PINES REGIONAL MEDICAL CENTER	1304 W BOBO NEWSOM HWY
420015	BAPTIST EASLEY HOSPITAL	200 FLEETWOOD DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SENECA

SC

HARTSVILLE

SC

HARTSVILLE

SC

EASLEY

SC



# knee

Based on Hospital Medicare Payment And Volume Measures

29672

OCONEE

8648823351

29550

DARLINGTON

8643392100

29550

DARLINGTON

8643392100

29640

PICKENS

8644427200

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14012.00 \*

\$27807.00 \*

\$37622.00 \*

\$14184.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

420015	BAPTIST EASLEY HOSPITAL	200 FLEETWOOD DRIVE
420015	BAPTIST EASLEY HOSPITAL	200 FLEETWOOD DRIVE
420018	PALMETTO HEALTH RICHLAND	5 RICHLAND MEDICAL PARK
420018	PALMETTO HEALTH RICHLAND	5 RICHLAND MEDICAL PARK
420018	PALMETTO HEALTH RICHLAND	5 RICHLAND MEDICAL PARK
420020	GEORGETOWN MEMORIAL HOSPITAL	606 BLACK RIVER RD DRAWER 1718

# knee

Based on Hospital Medicare Payment And Volume Measures

EASLEY

SC

EASLEY

SC

COLUMBIA

SC

COLUMBIA

SC

COLUMBIA

SC

GEORGETOWN

SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29640	PICKENS	8644427200
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29640	PICKENS	8644427200
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29203	RICHLAND	8032965678
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29203	RICHLAND	8032965678
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29203	RICHLAND	8032965678
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29440	GEORGETOWN	8435277000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16256.00 \*

\$24881.00 \*

\$17578.00

32

\$32573.00 \*

\$21896.00

36

\$14649.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

420020	GEORGETOWN MEMORIAL HOSPITAL	606 BLACK RIVER RD DRAWER 1718
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420020	GEORGETOWN MEMORIAL HOSPITAL	606 BLACK RIVER RD DRAWER 1718
--------	---------------------------------	-----------------------------------

420023	ST FRANCIS-DOWNTOWN	ONE ST FRANCIS DR
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420023	ST FRANCIS-DOWNTOWN	ONE ST FRANCIS DR
--------	---------------------	-------------------

420023	ST FRANCIS-DOWNTOWN	ONE ST FRANCIS DR
--------	---------------------	-------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

GEORGETOWN SC

GEORGETOWN SC

GREENVILLE SC

GREENVILLE SC

GREENVILLE SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29440	GEORGETOWN	8435277000
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29440	GEORGETOWN	8435277000
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29601	GREENVILLE	8642551000
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29601	GREENVILLE	8642551000
-------	------------	------------

29601	GREENVILLE	8642551000
-------	------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18314.00 *	
	\$27807.00 *	
	\$24852.00 *	
	\$16754.00	37
	\$13402.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

420026	SISTERS OF CHARITY PROVIDENCE HOSPITALS	2435 FOREST DR
420026	SISTERS OF CHARITY PROVIDENCE HOSPITALS	2435 FOREST DR

420027	ANMED HEALTH	800 N FANT ST
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420030	COLLETON MEDICAL CENTER	501 ROBERTSON BOULEVARD
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420030	COLLETON MEDICAL CENTER	501 ROBERTSON BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBIA	SC
----------	----

COLUMBIA	SC
----------	----

ANDERSON	SC
----------	----

WALTERBORO	SC
------------	----

WALTERBORO	SC
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

29204	RICHLAND	8032565300
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29204	RICHLAND	8032565300
-------	----------	------------

29621	ANDERSON	8642611109
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29488	COLLETON	8437822000
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29488	COLLETON	8437822000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12745.00

11

\$15933.00 \*

\$344.00 \*

\$14341.00 \*

\$14941.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

420033	GREER MEMORIAL HOSPITAL	830 SOUTH BUNCOMBE ROAD
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420033	GREER MEMORIAL HOSPITAL	830 SOUTH BUNCOMBE ROAD
--------	-------------------------	-------------------------

420033	GREER MEMORIAL HOSPITAL	830 SOUTH BUNCOMBE ROAD
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420037	HILLCREST MEMORIAL HOSPITAL	729 SOUTH EAST MAIN STREET
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420037	HILLCREST MEMORIAL HOSPITAL	729 SOUTH EAST MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

GREER SC

GREER SC

GREER SC

SIMPSONVILLE SC

SIMPSONVILLE SC



# knee

Based on Hospital Medicare Payment And Volume Measures

29650	GREENVILLE	8648488200
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29650	GREENVILLE	8648488200
-------	------------	------------

29650	GREENVILLE	8648488200
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29681	GREENVILLE	8644546151
-------	------------	------------

29681	GREENVILLE	8644546151
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

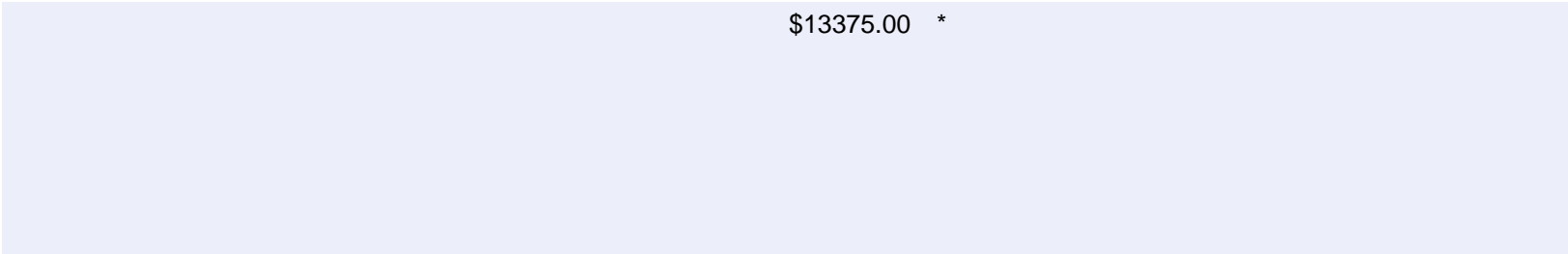
\$19864.00 \*

\$17809.00

15



\$16722.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

420038	LAURENS COUNTY HEALTHCARE SYSTEM	US HWY 76 PO DRAWER 976
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420038	LAURENS COUNTY HEALTHCARE SYSTEM	US HWY 76 PO DRAWER 976
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420043	UPSTATE CAROLINA MEDICAL CENTER	1530 N LIMESTONE ST
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420048	KERSHAW HEALTH	HAILE AND ROBERTS STREETS, BOX 7003
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420048	KERSHAW HEALTH	HAILE AND ROBERTS STREETS, BOX 7003
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# knee

Based on Hospital Medicare Payment And Volume Measures

CLINTON SC

CLINTON SC

GAFFNEY SC

CAMDEN SC

CAMDEN SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29325	LAURENS	8648339100
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29325	LAURENS	8648339100
-------	---------	------------

29340	CHEROKEE	8644874271
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29020	KERSHAW	8034324311
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29020	KERSHAW	8034324311
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14684.00 \*

\$18353.00 \*

\$14606.00 \*

\$16980.00 \*

\$13601.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

420051	MCLEOD REGIONAL MEDICAL CENTER-PEE DEE	555 E CHEVES ST BOX 8700
420051	MCLEOD REGIONAL MEDICAL CENTER-PEE DEE	555 E CHEVES ST BOX 8700
420051	MCLEOD REGIONAL MEDICAL CENTER-PEE DEE	555 E CHEVES ST BOX 8700
420053	NEWBERRY COUNTY MEMORIAL HOSPITAL	2669 KINARD ST PO BOX 497
420067	BEAUFORT COUNTY MEMORIAL HOSPITAL	955 RIBAUT RD

# knee

Based on Hospital Medicare Payment And Volume Measures

FLORENCE SC

FLORENCE SC

FLORENCE SC

NEWBERRY SC

BEAUFORT SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29506	FLORENCE	8437772900
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29506	FLORENCE	8437772900
-------	----------	------------

29506	FLORENCE	8437772900
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29108	NEWBERRY	8032767570
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29902	BEAUFORT	8435225200
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18953.00	28
	\$25858.00	*
	\$15190.00	*
	\$13810.00	*
	\$14435.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

420067	BEAUFORT COUNTY MEMORIAL HOSPITAL	955 RIBAUT RD
420068	TRMC OF ORANGEBURG & CALHOUN	3000 ST MATTHEWS RD BOX 1806
420068	TRMC OF ORANGEBURG & CALHOUN	3000 ST MATTHEWS RD BOX 1806
420069	CLARENDON MEMORIAL HOSPITAL	10 HOSPITAL ST BOX 550
420070	TUOMEY HEALTHCARE SYSTEM	129 N WASHINGTON ST

# knee

Based on Hospital Medicare Payment And Volume Measures

BEAUFORT SC

ORANGEBURG SC

ORANGEBURG SC

MANNING SC

SUMTER SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29902	BEAUFORT	8435225200
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29115	ORANGEBURG	8035332460
-------	------------	------------

29115	ORANGEBURG	8035332460
-------	------------	------------

29102	CLARENDON	8034358463
-------	-----------	------------

29150	SUMTER	8037748900
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18047.00

13

\$14625.00 \*

\$14565.00 \*

\$19541.00 \*

\$30417.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

420071

SELF REGIONAL HEALTHCARE

1325 SPRING STREET

420071

SELF REGIONAL HEALTHCARE

1325 SPRING STREET

420071

SELF REGIONAL HEALTHCARE

1325 SPRING STREET

420073

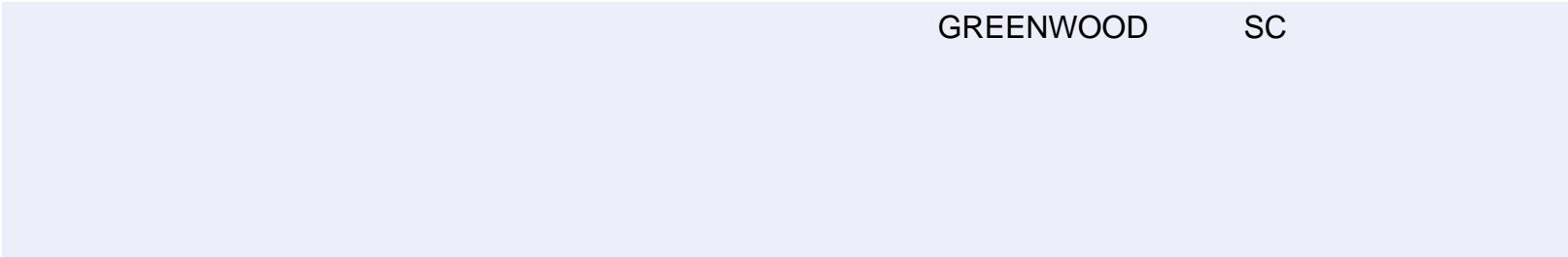
LEXINGTON MEDICAL CENTER

2720 SUNSET BLVD

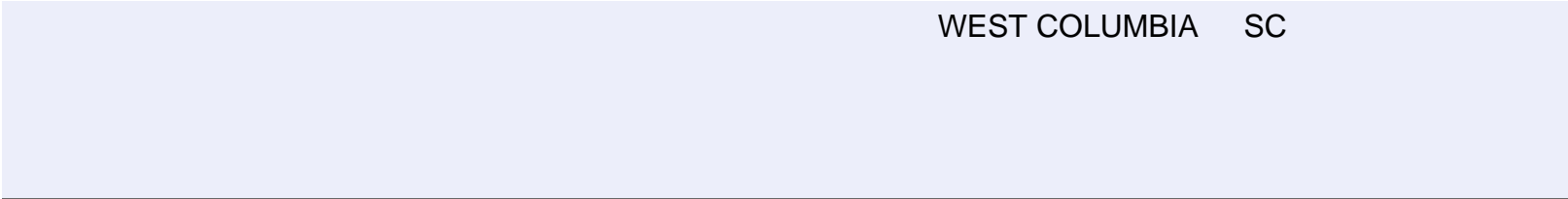
# knee

Based on Hospital Medicare Payment And Volume Measures

GREENWOOD SC



GREENWOOD SC





# knee

Based on Hospital Medicare Payment And Volume Measures

29646

GREENWOOD

8642274111

29646

GREENWOOD

8642274111

29646

GREENWOOD

8642274111

29169

LEXINGTON

8037912000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18949.00 \*

\$28106.00 \*

\$15157.00 \*

\$13481.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

420073	LEXINGTON MEDICAL CENTER	2720 SUNSET BLVD
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420073	LEXINGTON MEDICAL CENTER	2720 SUNSET BLVD
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420078	GREENVILLE MEMORIAL HOSPITAL	701 GROVE RD
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420078	GREENVILLE MEMORIAL HOSPITAL	701 GROVE RD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WEST COLUMBIA SC

WEST COLUMBIA SC

GREENVILLE SC

GREENVILLE SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29169

LEXINGTON

8037912000

29169

LEXINGTON

8037912000

29605

GREENVILLE

8644557000

29605

GREENVILLE

8644557000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16891.00 \*

\$16845.00 \*

\$21066.00 \*

\$31245.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

420078	GREENVILLE MEMORIAL HOSPITAL	701 GROVE RD
420079	TRIDENT MEDICAL CENTER	9330 MEDICAL PLAZA DR
420079	TRIDENT MEDICAL CENTER	9330 MEDICAL PLAZA DR
420079	TRIDENT MEDICAL CENTER	9330 MEDICAL PLAZA DR
420080	HILTON HEAD REGIONAL MEDICAL CENTER	25 HOSPITAL CENTER BLVD
420080	HILTON HEAD REGIONAL MEDICAL CENTER	25 HOSPITAL CENTER BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

GREENVILLE SC

CHARLESTON SC

CHARLESTON SC

CHARLESTON SC

HILTON HEAD  
ISLAND SC

HILTON HEAD  
ISLAND SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29605	GREENVILLE	8644557000
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29406	CHARLESTON	8437978800
-------	------------	------------

29406	CHARLESTON	8437978800
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29406	CHARLESTON	8437978800
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29925	BEAUFORT	8436816122
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29925	BEAUFORT	8436816122
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16850.00 \*

\$14585.00

17

\$606.00 \*

\$18235.00

11

\$22937.00 \*

\$18346.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

420082	AIKEN REGIONAL MEDICAL CENTER	302 UNIVERSITY PARKWAY
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420082	AIKEN REGIONAL MEDICAL CENTER	302 UNIVERSITY PARKWAY
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420082	AIKEN REGIONAL MEDICAL CENTER	302 UNIVERSITY PARKWAY
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420083	MARY BLACK MEMORIAL HOSPITAL	1700 SKYLYN DR BOX 3217
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420083	MARY BLACK MEMORIAL HOSPITAL	1700 SKYLYN DR BOX 3217
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# knee

Based on Hospital Medicare Payment And Volume Measures

AIKEN	SC
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AIKEN	SC
-------	----

AIKEN	SC
-------	----

SPARTANBURG	SC
-------------	----

SPARTANBURG	SC
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

29801	AIKEN	8036415900
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29801	AIKEN	8036415900
-------	-------	------------

29801	AIKEN	8036415900
-------	-------	------------

29307	SPARTANBURG	8645733000
-------	-------------	------------

29307	SPARTANBURG	8645733000
-------	-------------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15668.00 \*

\$23676.00 \*

\$19687.00 \*

\$17073.00 \*

\$20422.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

420085	GRAND STRAND REG MED CENTER	809 82ND PARKWAY BOX 7500
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420085	GRAND STRAND REG MED CENTER	809 82ND PARKWAY BOX 7500
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420085	GRAND STRAND REG MED CENTER	809 82ND PARKWAY BOX 7500
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420086	PALMETTO HEALTH BAPTIST	TAYLOR AT MARION
--------	-------------------------	------------------

420086	PALMETTO HEALTH BAPTIST	TAYLOR AT MARION
--------	-------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

MYRTLE BEACH SC

MYRTLE BEACH SC

MYRTLE BEACH SC

COLUMBIA SC

COLUMBIA SC



# knee

Based on Hospital Medicare Payment And Volume Measures

29577	HORRY	8436921100
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29577	HORRY	8436921100
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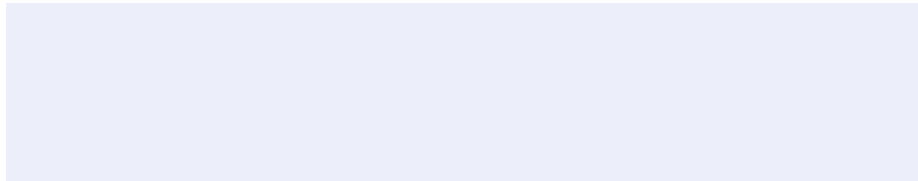
29577	HORRY	8436921100
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29220	RICHLAND	8032965678
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29220	RICHLAND	8032965678
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$12823.00 \*

\$16031.00

11

\$28400.00 \*

\$26283.00 \*

\$18208.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

420086	PALMETTO HEALTH BAPTIST	TAYLOR AT MARION
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420087	ROPER HOSPITAL	316 CALHOUN ST
--------	----------------	----------------

420087	ROPER HOSPITAL	316 CALHOUN ST
--------	----------------	----------------

420087	ROPER HOSPITAL	316 CALHOUN ST
--------	----------------	----------------

420091	CAROLINAS HOSPITAL SYSTEM	805 PAMPLICO HWY BOX 100550
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420091	CAROLINAS HOSPITAL SYSTEM	805 PAMPLICO HWY BOX 100550
--------	---------------------------	--------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBIA SC

CHARLESTON SC

CHARLESTON SC

CHARLESTON SC

FLORENCE SC

FLORENCE SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29220	RICHLAND	8032965678
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29401	CHARLESTON	8437242800
-------	------------	------------

29401	CHARLESTON	8437242800
-------	------------	------------

29401	CHARLESTON	8437242800
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29505	FLORENCE	8436742500
-------	----------	------------

29505	FLORENCE	8436742500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14545.00 \*

\$13609.00	19
------------	----

\$15461.00	18
------------	----

\$25235.00 \*

\$14226.00 \*

\$17697.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

420098	WACCAMAW COMMUNITY HOSPITAL	4070 HIGHWAY 17 BY-PASS
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420098	WACCAMAW COMMUNITY HOSPITAL	4070 HIGHWAY 17 BY-PASS
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420102	PATEWOOD MEMORIAL HOSPITAL	175 PATEWOOD DRIVE
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420102	PATEWOOD MEMORIAL HOSPITAL	175 PATEWOOD DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MURRELLS INLET SC

MURRELLS INLET SC

GREENVILLE SC

GREENVILLE SC

# knee

Based on Hospital Medicare Payment And Volume Measures

29576

GEORGETOWN

8436521000

29576

GEORGETOWN

8436521000

29615

GREENVILLE

8644540888

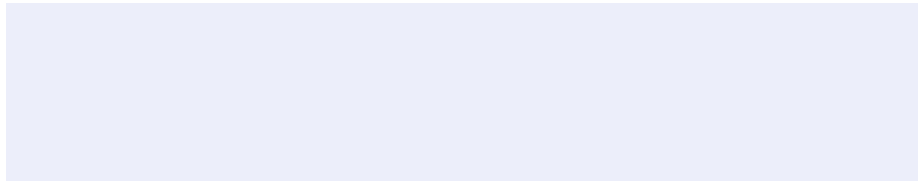
29615

GREENVILLE

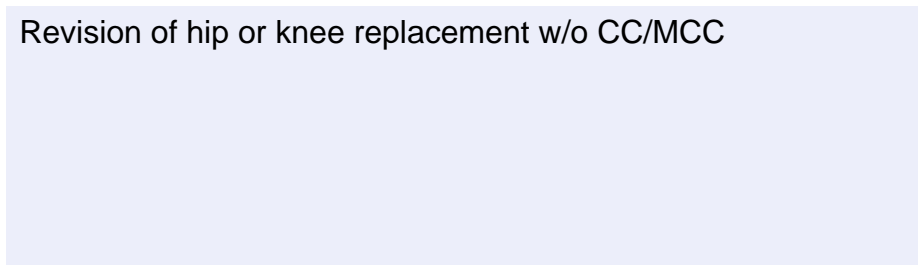
8644540888

# knee

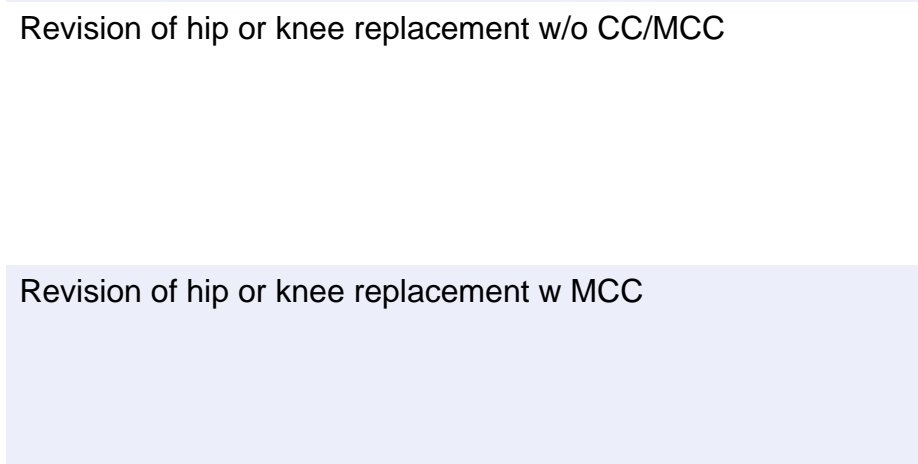
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17629.00 \*

\$15475.00 \*

\$11326.00 \*

\$17647.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

420102	PATEWOOD MEMORIAL HOSPITAL	175 PATEWOOD DRIVE
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430005	PRAIRIE LAKES HOSPITAL	401 9TH AVENUE NW PO BOX 1210
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430005	PRAIRIE LAKES HOSPITAL	401 9TH AVENUE NW PO BOX 1210
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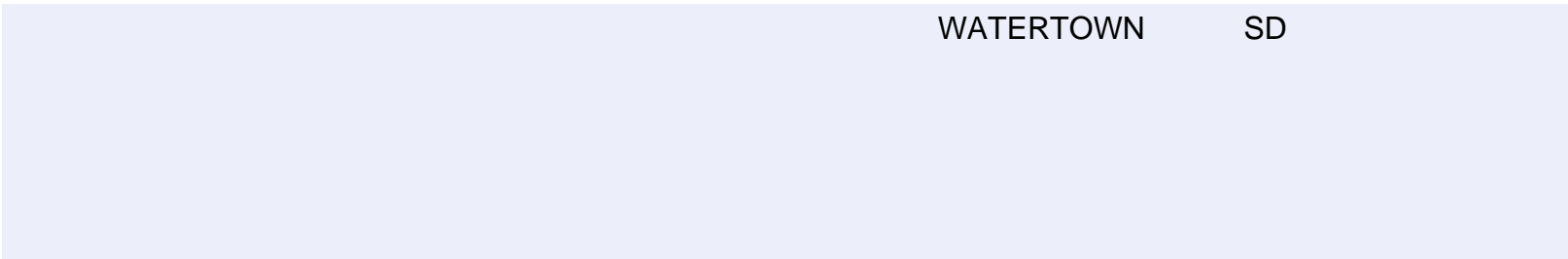
430005	PRAIRIE LAKES HOSPITAL	401 9TH AVENUE NW PO BOX 1210
--------	------------------------	----------------------------------

# knee

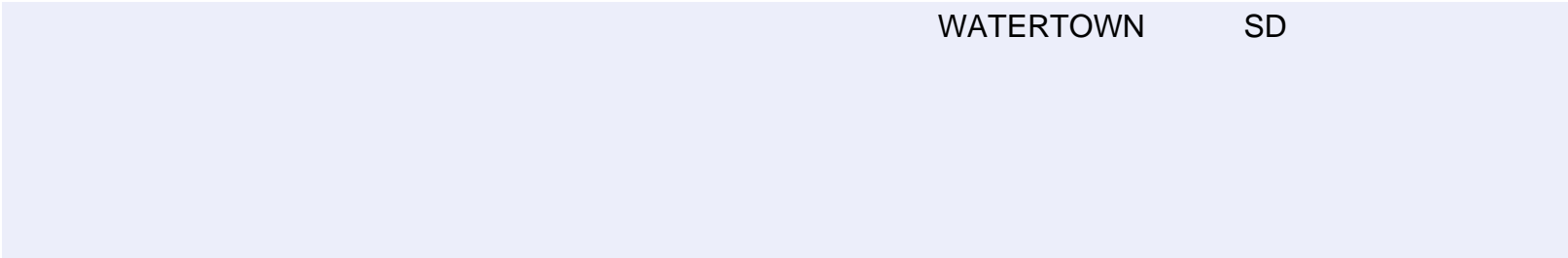
Based on Hospital Medicare Payment And Volume Measures



GREENVILLE SC



WATERTOWN SD



WATERTOWN SD

# knee

Based on Hospital Medicare Payment And Volume Measures

29615

GREENVILLE

8644540888

57201

CODINGTON

6058827000

57201

CODINGTON

6058827000

57201

CODINGTON

6058827000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14159.00 \*

\$13150.00 \*

\$16441.00 \*

\$24385.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

430012	AVERA SACRED HEART HOSPITAL	501 SUMMIT
430014	AVERA ST LUKES	305 S STATE ST
430014	AVERA ST LUKES	305 S STATE ST
430014	AVERA ST LUKES	305 S STATE ST
430016	AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER	800 E 21ST ST

# knee

Based on Hospital Medicare Payment And Volume Measures

YANKTON SD

ABERDEEN SD

ABERDEEN SD

ABERDEEN SD

SIOUX FALLS SD



# knee

Based on Hospital Medicare Payment And Volume Measures

57078	YANKTON	6056688000
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57401	BROWN	6056225000
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57401	BROWN	6056225000
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57401	BROWN	6056225000
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57117	MINNEHAHA	6053228000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17569.00 \*

\$14118.00 \*

\$15924.00 \*

\$24659.00 \*

\$15087.00

22

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

430016	AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER	800 E 21ST ST
430016	AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER	800 E 21ST ST
430027	SANFORD USD MEDICAL CENTER	1305 W 18TH ST PO BOX 5039
430027	SANFORD USD MEDICAL CENTER	1305 W 18TH ST PO BOX 5039
430027	SANFORD USD MEDICAL CENTER	1305 W 18TH ST PO BOX 5039
430048	SPEARFISH REGIONAL HOSPITAL	1440 N MAIN ST
430077	RAPID CITY REGIONAL HOSPITAL	353 FAIRMONT BLVD PO BOX 6000

# knee

Based on Hospital Medicare Payment And Volume Measures

SIOUX FALLS	SD
-------------	----

SIOUX FALLS	SD
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SIOUX FALLS	SD
-------------	----

SIOUX FALLS	SD
-------------	----

SIOUX FALLS	SD
-------------	----

SPEARFISH	SD
-----------	----

RAPID CITY	SD
------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

57117	MINNEHAHA	6053228000
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57117	MINNEHAHA	6053228000
-------	-----------	------------

57117	MINNEHAHA	6053331000
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57117	MINNEHAHA	6053331000
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57117	MINNEHAHA	6053331000
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57783	LAWRENCE	6056444000
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57701	PENNINGTON	6057191000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$27326.00 \*

\$18424.00

37

\$17876.00

26

\$26514.00 \*

\$14298.00

37

\$15545.00 \*

\$29025.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

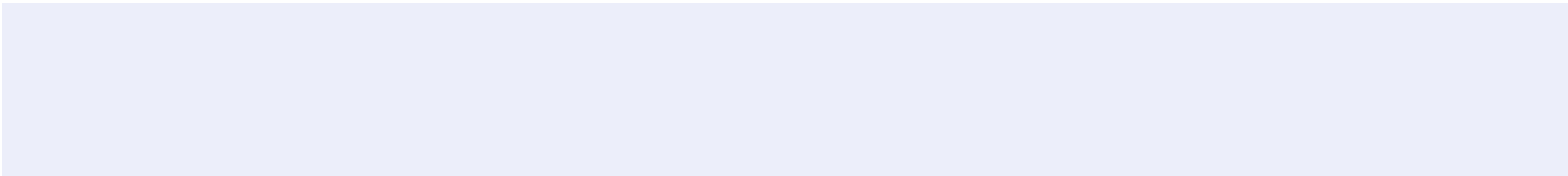
# knee

Based on Hospital Medicare Payment And Volume Measures

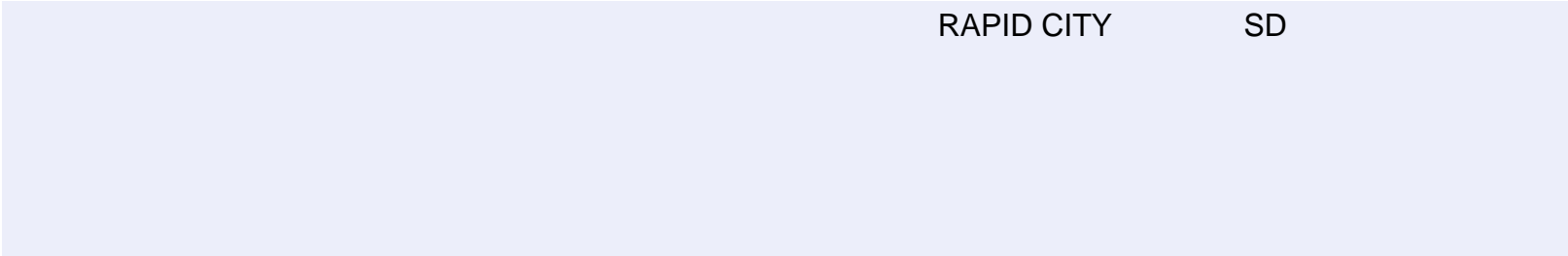
430077	RAPID CITY REGIONAL HOSPITAL	353 FAIRMONT BLVD PO BOX 6000
430077	RAPID CITY REGIONAL HOSPITAL	353 FAIRMONT BLVD PO BOX 6000
430089	SIOUXLAND SURGERY CENTER LP	600 SIOUX POINT ROAD
430089	SIOUXLAND SURGERY CENTER LP	600 SIOUX POINT ROAD
430090	SIOUX FALLS SURGICAL HOSPITAL LLP	910 EAST 20TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures



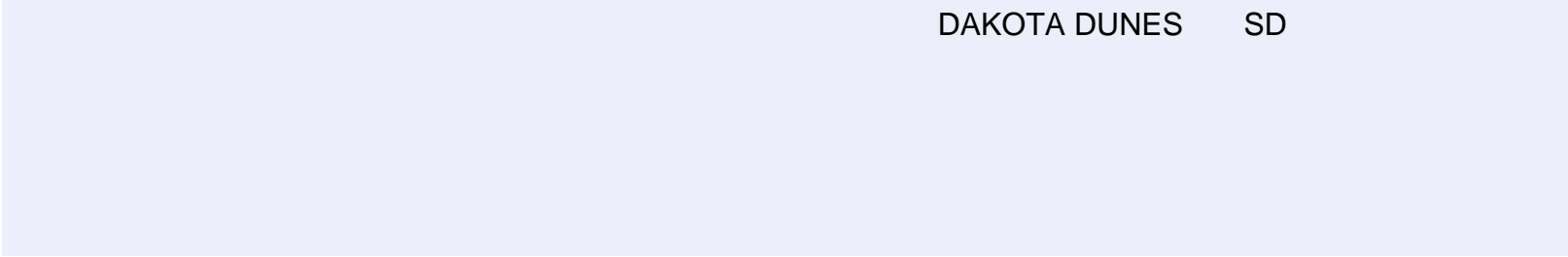
RAPID CITY SD



RAPID CITY SD



DAKOTA DUNES SD



DAKOTA DUNES SD



SIOUX FALLS SD

# knee

Based on Hospital Medicare Payment And Volume Measures

57701	PENNINGTON	6057191000
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57701	PENNINGTON	6057191000
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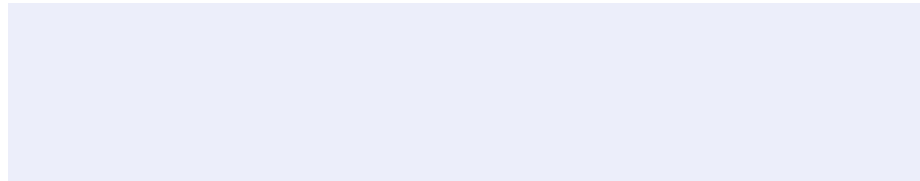
57049	UNION	6052323332
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57049	UNION	6052323332
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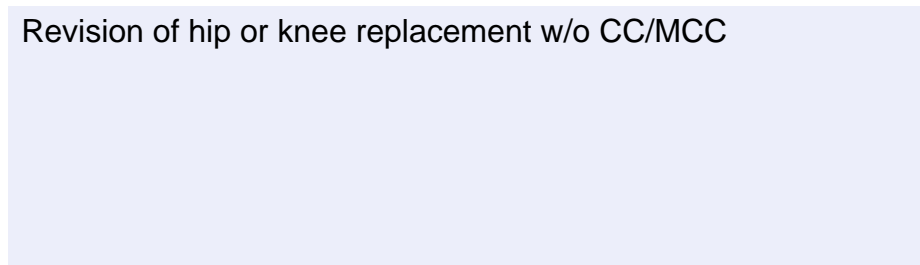
57105	MINNEHAHA	6053346730
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# knee

Based on Hospital Medicare Payment And Volume Measures

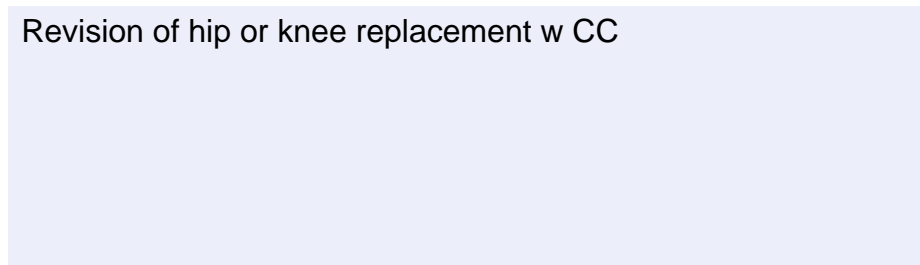


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19647.00	18
	\$17748.00	*
	\$12539.00	*
	\$15677.00	*
	\$13046.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

430091	BLACK HILLS SURGICAL HOSPITAL LLP	1868 LOMBARDY DR
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430092	DAKOTA PLAINS SURGICAL CENTER LLP	701 8TH AVENUE NW SUITE C
--------	--------------------------------------	------------------------------

430092	DAKOTA PLAINS SURGICAL CENTER LLP	701 8TH AVENUE NW SUITE C
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430096	LEWIS AND CLARK SPECIALTY HOSPITAL	2601 FOX RUN PARKWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

RAPID CITY SD

ABERDEEN SD

ABERDEEN SD

YANKTON SD

# knee

Based on Hospital Medicare Payment And Volume Measures

57703

PENNINGTON

6057214900

57401

BROWN

6052253300

57401

BROWN

6052253300

57078

YANKTON

6056655100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13700.00 \*

\$12749.00 \*

\$12237.00 \*

\$15299.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

430096	LEWIS AND CLARK SPECIALTY HOSPITAL	2601 FOX RUN PARKWAY
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440001	UNICOI COUNTY MEMORIAL HOSPITAL	GREENWAY CIRCLE
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440002	JACKSON-MADISON COUNTY GENERAL HOSPITAL	620 SKYLINE DRIVE
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440002	JACKSON-MADISON COUNTY GENERAL HOSPITAL	620 SKYLINE DRIVE
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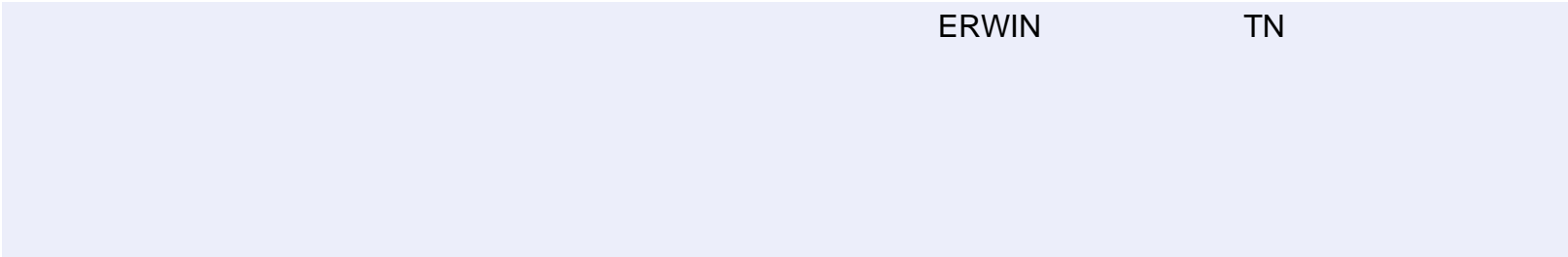
440002	JACKSON-MADISON COUNTY GENERAL HOSPITAL	620 SKYLINE DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures



YANKTON SD



ERWIN TN



JACKSON TN



JACKSON TN



# knee

Based on Hospital Medicare Payment And Volume Measures

57078

YANKTON

6056655100

37650

UNICOI

4237433141

38301

MADISON

7315415000

38301

MADISON

7315415000

38301

MADISON

7315415000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

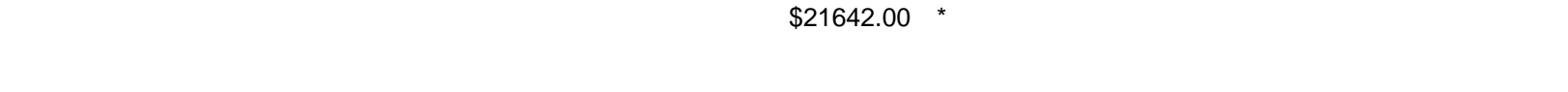
Based on Hospital Medicare Payment And Volume Measures



\$12237.00 \*



\$12391.00 \*



\$21642.00 \*



\$17995.00

16

\$14394.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440003	SUMNER REGIONAL MEDICAL CENTER	555 HARTSVILLE PIKE
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440003	SUMNER REGIONAL MEDICAL CENTER	555 HARTSVILLE PIKE
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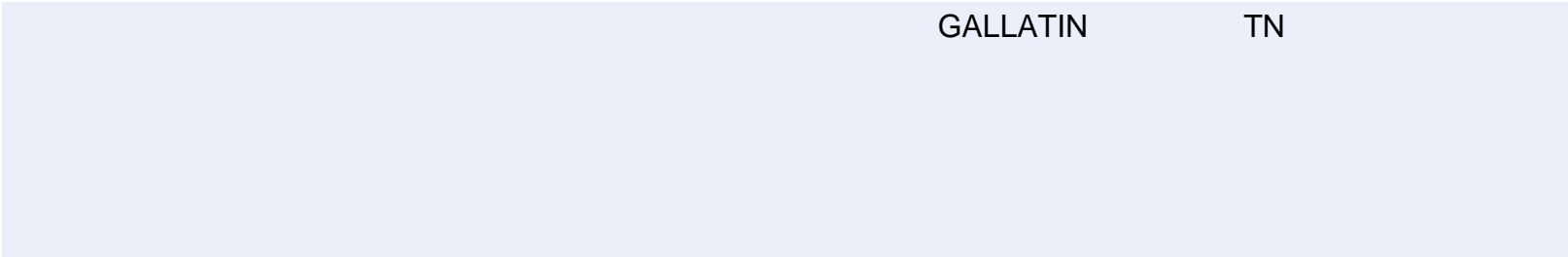
440006	SKYLINE MEDICAL CENTER	3441 DICKERSON PIKE
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440006	SKYLINE MEDICAL CENTER	3441 DICKERSON PIKE
--------	------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

GALLATIN TN



NASHVILLE TN



# knee

Based on Hospital Medicare Payment And Volume Measures

37066

SUMNER

6154524210

37066

SUMNER

6154524210

37207

DAVIDSON

6157692000

37207

DAVIDSON

6157692000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15426.00 \*

\$28604.00 \*

\$14746.00 \*

\$18392.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440006	SKYLINE MEDICAL CENTER	3441 DICKERSON PIKE
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440009	CUMBERLAND MEDICAL CENTER	421 S MAIN ST
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440009	CUMBERLAND MEDICAL CENTER	421 S MAIN ST
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440011	BLOUNT MEMORIAL HOSPITAL	907 E LAMAR ALEXANDER PARKWAY
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440011	BLOUNT MEMORIAL HOSPITAL	907 E LAMAR ALEXANDER PARKWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

NASHVILLE TN

CROSSVILLE TN

CROSSVILLE TN

MARYVILLE TN

MARYVILLE TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37207	DAVIDSON	6157692000
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38555	CUMBERLAND	9314849511
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38555	CUMBERLAND	9314849511
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37804	BLOUNT	8659837211
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37804	BLOUNT	8659837211
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14711.00 \*

\$12799.00 \*

\$16001.00 \*

\$12985.00 \*

\$23112.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

440011	BLOUNT MEMORIAL HOSPITAL	907 E LAMAR ALEXANDER PARKWAY
440012	WELLMONT BRISTOL REGIONAL MEDICAL CENTER	ONE MEDICAL PARK BLVD
440012	WELLMONT BRISTOL REGIONAL MEDICAL CENTER	ONE MEDICAL PARK BLVD
440012	WELLMONT BRISTOL REGIONAL MEDICAL CENTER	ONE MEDICAL PARK BLVD
440015	UNIVERSITY OF TN MEMORIAL HOSPITAL	1924 ALCOA HIGHWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

MARYVILLE TN

BRISTOL TN

BRISTOL TN

BRISTOL TN

KNOXVILLE TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37804

BLOUNT

8659837211

37620

SULLIVAN

4238441121

37620

SULLIVAN

4238441121

37620

SULLIVAN

4238441121

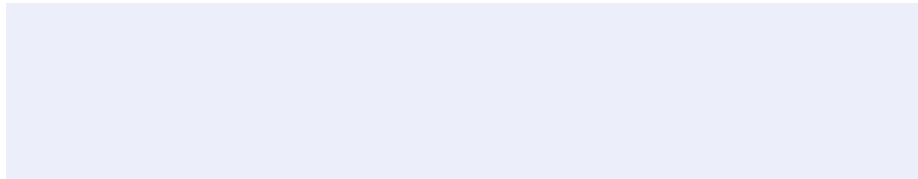
37920

KNOX

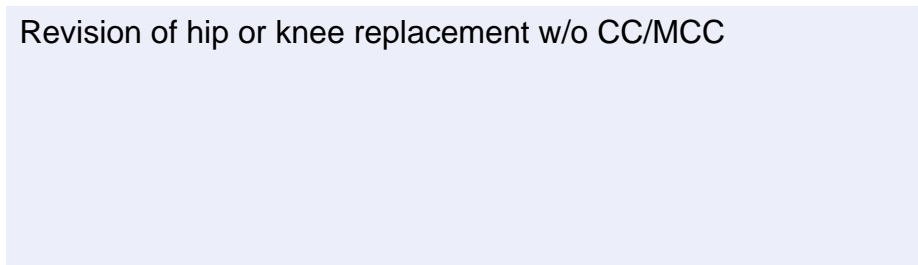
8655449000

# knee

Based on Hospital Medicare Payment And Volume Measures

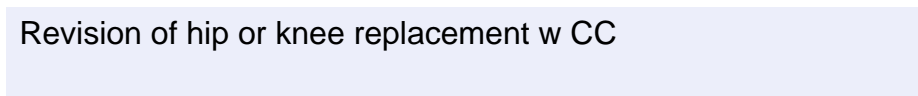


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

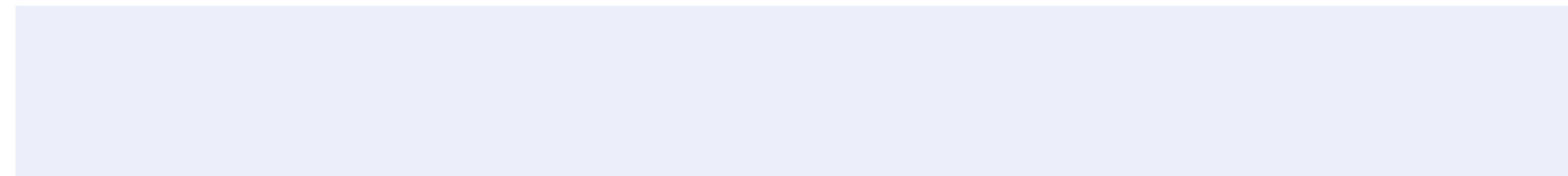


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$11960.00 \*



\$13686.00 \*

\$25379.00 \*



\$14152.00

17

\$2339.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

440015	UNIVERSITY OF TN MEMORIAL HOSPITAL	1924 ALCOA HIGHWAY
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440015	UNIVERSITY OF TN MEMORIAL HOSPITAL	1924 ALCOA HIGHWAY
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440017	WELLMONT HOLSTON VALLEY MEDICAL CENTER	130 WEST RAVINE ROAD
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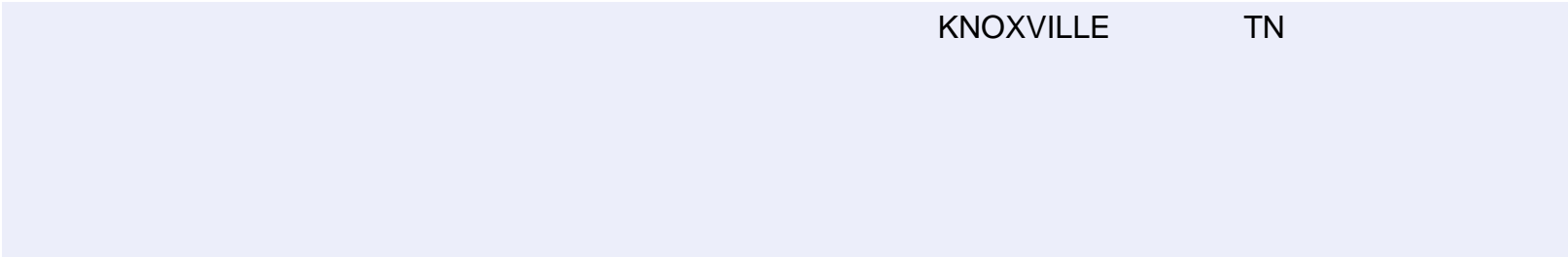
440017	WELLMONT HOLSTON VALLEY MEDICAL CENTER	130 WEST RAVINE ROAD
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440017	WELLMONT HOLSTON VALLEY MEDICAL CENTER	130 WEST RAVINE ROAD
--------	---	----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

KNOXVILLE TN



KINGSPORT TN



KINGSPORT TN



# knee

Based on Hospital Medicare Payment And Volume Measures

37920

KNOX

8655449000

37920

KNOX

8655449000

37662

SULLIVAN

4232244000

37662

SULLIVAN

4232244000

37662

SULLIVAN

4232244000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25055.00 \*

\$15973.00 \*

\$7232.00 \*

\$19906.00

22

\$16180.00

42

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440018	SYCAMORE SHOALS HOSPITAL	1501 WEST ELK AVENUE
440025	LAUGHLIN MEMORIAL HOSPITAL, INC	1420 TUSCULUM BLVD
440029	WILLIAMSON MEDICAL CENTER	4321 CAROTHERS PARKWAY
440029	WILLIAMSON MEDICAL CENTER	4321 CAROTHERS PARKWAY
440029	WILLIAMSON MEDICAL CENTER	4321 CAROTHERS PARKWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

ELIZABETHTON TN

GREENEVILLE TN

FRANKLIN TN

FRANKLIN TN

FRANKLIN TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37643	CARTER	4235421300
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37745	GREENE	4237875000
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37067	WILLIAMSON	6154355000
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37067	WILLIAMSON	6154355000
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37067	WILLIAMSON	6154355000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$24301.00 \*

\$24751.00 \*

\$16462.00 \*

\$16428.00 \*

\$13141.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

440030	MORRISTOWN HAMBLÉN HOSPITAL ASSOCIATION	908 W 4TH NORTH ST
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440030	MORRISTOWN HAMBLÉN HOSPITAL ASSOCIATION	908 W 4TH NORTH ST
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440034	METHODIST MEDICAL CENTER OF OAK RIDGE	990 OAK RIDGE TURNPIKE BOX 529
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440034	METHODIST MEDICAL CENTER OF OAK RIDGE	990 OAK RIDGE TURNPIKE BOX 529
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440034	METHODIST MEDICAL CENTER OF OAK RIDGE	990 OAK RIDGE TURNPIKE BOX 529
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# knee

Based on Hospital Medicare Payment And Volume Measures

MORRISTOWN TN

MORRISTOWN TN

OAK RIDGE TN

OAK RIDGE TN

OAK RIDGE TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37814	HAMBLEN	4235864231
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37814	HAMBLEN	4235864231
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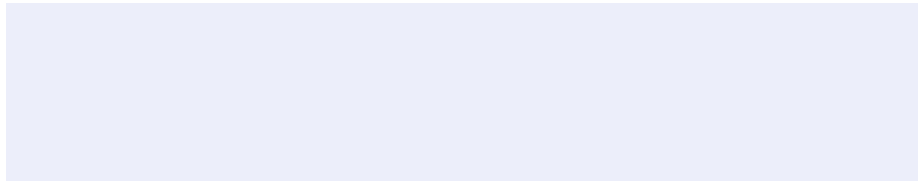
37830	ANDERSON	8658351000
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37830	ANDERSON	8658351000
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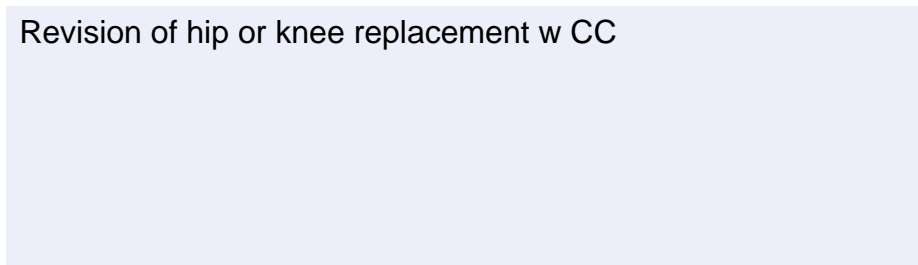
37830	ANDERSON	8658351000
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# knee

Based on Hospital Medicare Payment And Volume Measures

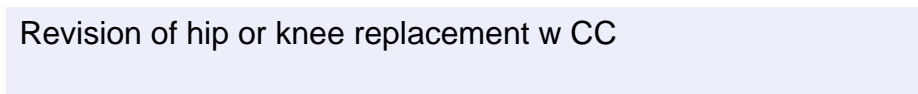


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

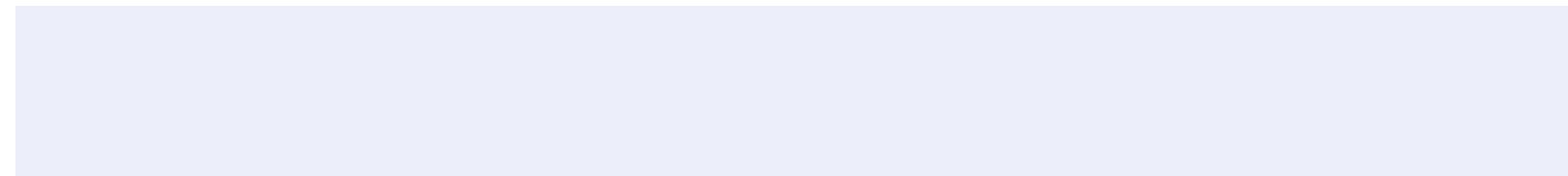


Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$13342.00 \*



\$16680.00 \*

\$12556.00

13



\$15698.00

19

\$16288.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

440035	GATEWAY MEDICAL CENTER	651 DUNLOP LANE
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440035	GATEWAY MEDICAL CENTER	651 DUNLOP LANE
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440035	GATEWAY MEDICAL CENTER	651 DUNLOP LANE
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440039	VANDERBILT UNIVERSITY HOSPITAL	1161 21ST AVENUE SOUTH
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440039	VANDERBILT UNIVERSITY HOSPITAL	1161 21ST AVENUE SOUTH
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440039	VANDERBILT UNIVERSITY HOSPITAL	1161 21ST AVENUE SOUTH
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# knee

Based on Hospital Medicare Payment And Volume Measures

CLARKSVILLE	TN
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CLARKSVILLE	TN
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CLARKSVILLE	TN
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NASHVILLE	TN
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NASHVILLE	TN
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NASHVILLE	TN
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# knee

Based on Hospital Medicare Payment And Volume Measures

37040	MONTGOMERY	9315021000
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37040	MONTGOMERY	9315021000
-------	------------	------------

37040	MONTGOMERY	9315021000
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37232	DAVIDSON	6153223454
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37232	DAVIDSON	6153223454
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37232	DAVIDSON	6153223454
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$1068.00 \*

\$18917.00 \*

\$15131.00 \*

\$19760.00 17

\$24768.00 12

\$35627.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

440046	HORIZON MEDICAL CENTER	111 HIGHWAY 70 EAST
440046	HORIZON MEDICAL CENTER	111 HIGHWAY 70 EAST
440048	BAPTIST MEMORIAL HOSPITAL	6019 WALNUT GROVE ROAD
440048	BAPTIST MEMORIAL HOSPITAL	6019 WALNUT GROVE ROAD
440048	BAPTIST MEMORIAL HOSPITAL	6019 WALNUT GROVE ROAD
440049	METHODIST HEALTHCARE MEMPHIS HOSPITALS	1265 UNION AVE SUITE 700

knee

Based on Hospital Medicare Payment And Volume Measures

DICKSON                      TN

DICKSON	TN
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MEMPHIS TN

MEMPHIS	TN
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MEMPHIS TN

MEMPHIS	TN
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# knee

Based on Hospital Medicare Payment And Volume Measures

37055	DICKSON	6154460446
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37055	DICKSON	6154460446
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38120	SHELBY	9012265000
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38120	SHELBY	9012265000
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38120	SHELBY	9012265000
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38104	SHELBY	9015168274
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27113.00 \*

\$18189.00 \*

\$13673.00 13

\$17094.00 18

\$25354.00 \*

\$31135.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

440049	METHODIST HEALTHCARE MEMPHIS HOSPITALS	1265 UNION AVE SUITE 700
440049	METHODIST HEALTHCARE MEMPHIS HOSPITALS	1265 UNION AVE SUITE 700
440053	MIDDLE TENNESSEE MEDICAL CENTER INC	1700 MEDICAL CENTER PARKWAY
440053	MIDDLE TENNESSEE MEDICAL CENTER INC	1700 MEDICAL CENTER PARKWAY
440053	MIDDLE TENNESSEE MEDICAL CENTER INC	1700 MEDICAL CENTER PARKWAY
440056	ST MARY'S JEFFERSON MEMORIAL HOSPITAL	110 HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MEMPHIS TN

MEMPHIS TN

MURFREESBORO TN

MURFREESBORO TN

MURFREESBORO TN

JEFFERSON CITY TN

# knee

Based on Hospital Medicare Payment And Volume Measures

38104	SHELBY	9015168274
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38104	SHELBY	9015168274
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37129	RUTHERFORD	6153964100
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37129	RUTHERFORD	6153964100
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37129	RUTHERFORD	6153964100
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37760	JEFFERSON	8654712500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20846.00	16
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	\$16680.00	36
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	\$1024.00 *	
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	\$17741.00 *	
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	\$23226.00 *	
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	\$14815.00 *	
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# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

440058	SOUTHERN TENNESSEE MEDICAL CENTER	185 HOSPITAL ROAD
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440059	COOKEVILLE REGIONAL MEDICAL CENTER	1 MEDICAL CENTER BOULEVARD
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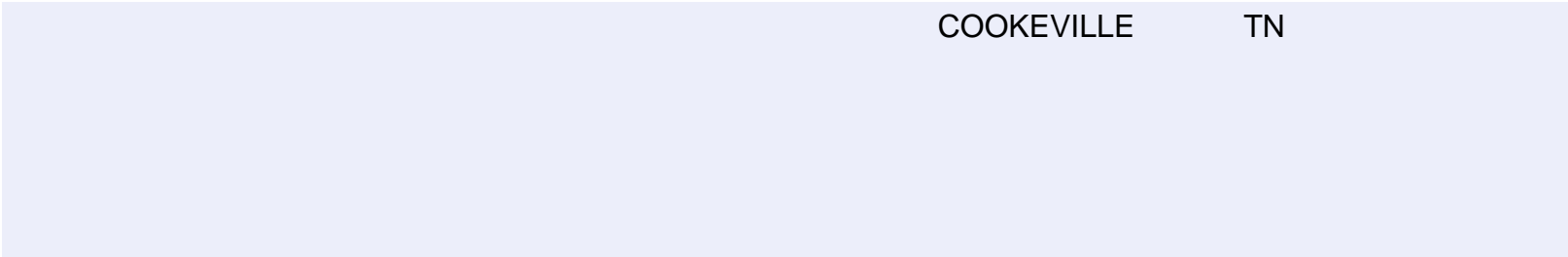
440059	COOKEVILLE REGIONAL MEDICAL CENTER	1 MEDICAL CENTER BOULEVARD
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440059	COOKEVILLE REGIONAL MEDICAL CENTER	1 MEDICAL CENTER BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WINCHESTER TN



COOKEVILLE TN



# knee

Based on Hospital Medicare Payment And Volume Measures

37398	FRANKLIN	9319678295
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38501	PUTNAM	9316462000
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38501	PUTNAM	9316462000
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38501	PUTNAM	9316462000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13716.00 \*

\$17600.00 \*

\$25998.00 \*

\$14020.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440061	VOLUNTEER COMMUNITY HOSPITAL	161 MOUNT PELIA RD
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440061	VOLUNTEER COMMUNITY HOSPITAL	161 MOUNT PELIA RD
--------	------------------------------	--------------------

440063	JOHNSON CITY MEDICAL CENTER	400 N STATE OF FRANKLIN RD
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440063	JOHNSON CITY MEDICAL CENTER	400 N STATE OF FRANKLIN RD
--------	-----------------------------	----------------------------

440063	JOHNSON CITY MEDICAL CENTER	400 N STATE OF FRANKLIN RD
--------	-----------------------------	----------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

MARTIN TN

MARTIN TN

JOHNSON CITY TN

JOHNSON CITY TN

JOHNSON CITY TN

# knee

Based on Hospital Medicare Payment And Volume Measures

38237	WEAKLEY	7315874261
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38237	WEAKLEY	7315874261
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37604	WASHINGTON	4234316111
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37604	WASHINGTON	4234316111
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37604	WASHINGTON	4234316111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19626.00 \*

\$13224.00 \*

\$15277.00 \*

\$18328.00

12

\$11132.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

440065	NORTHCREST MEDICAL CENTER	100 NORTHCREST DRIVE
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440065	NORTHCREST MEDICAL CENTER	100 NORTHCREST DRIVE
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440067	LAKeway REGIONAL HOSPITAL	726 MCFARLAND ST
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440068	ATHENS REGIONAL MEDICAL CENTER	1114 W MADISON AVE
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440073	MAURY REGIONAL HOSPITAL	1224 TROTWOOD AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SPRINGFIELD TN

SPRINGFIELD TN

MORRISTOWN TN

ATHENS TN

COLUMBIA TN



# knee

Based on Hospital Medicare Payment And Volume Measures

37172	ROBERTSON	6153842411
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37172	ROBERTSON	6153842411
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37814	HAMBLEN	4235226000
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37371	MCMINN	4237451411
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38401	MAURY	9313811111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14662.00 \*

\$18338.00 \*

\$27065.00 \*

\$13893.00 \*

\$25015.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

440073	MAURY REGIONAL HOSPITAL	1224 TROTWOOD AVE
440073	MAURY REGIONAL HOSPITAL	1224 TROTWOOD AVE
440081	LECONTE MEDICAL CENTER	742 MIDDLECREEK ROAD
440082	ST THOMAS HOSPITAL	4220 HARDING RD, PO BOX 380
440082	ST THOMAS HOSPITAL	4220 HARDING RD, PO BOX 380
440082	ST THOMAS HOSPITAL	4220 HARDING RD, PO BOX 380
440091	MEMORIAL HEALTHCARE SYSTEM, INC	2525 DESALES AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBIA	TN
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COLUMBIA	TN
SEVIERVILLE	TN

NASHVILLE	TN
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NASHVILLE	TN
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NASHVILLE	TN
CHATTANOOGA	TN

# knee

Based on Hospital Medicare Payment And Volume Measures

38401	MAURY	9313811111
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38401	MAURY	9313811111
37862	CUMBERLAND	8654296618

37205	DAVIDSON	6152222111
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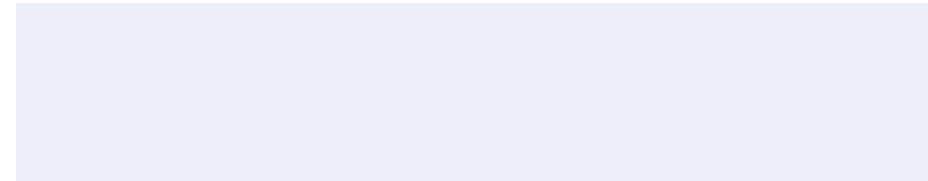
37205	DAVIDSON	6152222111
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37205	DAVIDSON	6152222111
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37404	HAMILTON	4234952525
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17829.00 *		
\$14261.00		16
\$16521.00 *		
\$16547.00		139
\$19906.00		18
\$13240.00		16
\$23424.00		14

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440091	MEMORIAL HEALTHCARE SYSTEM, INC	2525 DESALES AVE
440091	MEMORIAL HEALTHCARE SYSTEM, INC	2525 DESALES AVE
440104	ERLANGER MEDICAL CENTER	975 E 3RD ST
440104	ERLANGER MEDICAL CENTER	975 E 3RD ST
440120	MERCY MEDICAL CENTER	900 EAST OAK HILL AVENUE
440120	MERCY MEDICAL CENTER	900 EAST OAK HILL AVENUE
440120	MERCY MEDICAL CENTER	900 EAST OAK HILL AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CHATTANOOGA	TN
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CHATTANOOGA	TN
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CHATTANOOGA	TN
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CHATTANOOGA	TN
-------------	----

KNOXVILLE	TN
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KNOXVILLE	TN
-----------	----

KNOXVILLE	TN
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

37404	HAMILTON	4234952525
37404	HAMILTON	4234952525
37403	HAMILTON	4237787000
37403	HAMILTON	4237787000
37917	KNOX	8655458000
37917	KNOX	8655458000
37917	KNOX	8655458000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15792.00	40
	\$12634.00	38
	\$13939.00 *	
	\$19154.00 *	
	\$12658.00	21
	\$23472.00 *	
	\$15825.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures



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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

440125	FORT SANDERS REGIONAL MEDICAL CENTER	1901 W CLINCH AVE
--------	---	-------------------

440125	FORT SANDERS REGIONAL MEDICAL CENTER	1901 W CLINCH AVE
--------	---	-------------------

440125	FORT SANDERS REGIONAL MEDICAL CENTER	1901 W CLINCH AVE
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440130	BAPTIST MEMORIAL HOSPITAL UNION CITY	1201 BISHOP ST, PO BOX 310
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# knee

Based on Hospital Medicare Payment And Volume Measures

KNOXVILLE TN

KNOXVILLE TN

KNOXVILLE TN

UNION CITY TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37916	KNOX	8655411101
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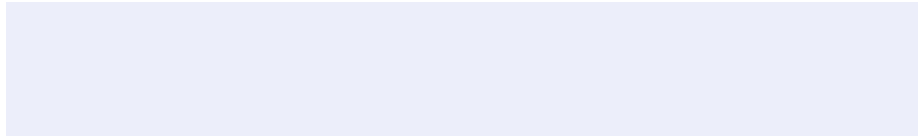
37916	KNOX	8655411101
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37916	KNOX	8655411101
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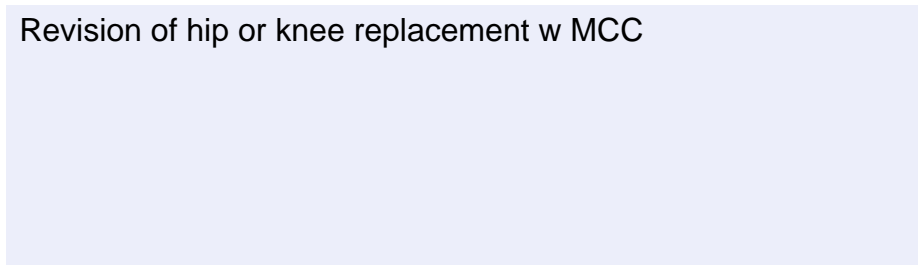
38261	OBION	7318852410
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# knee

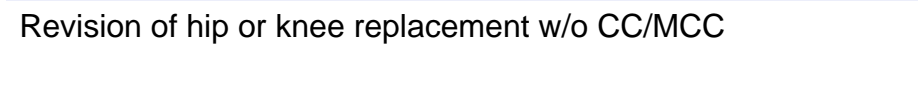
Based on Hospital Medicare Payment And Volume Measures



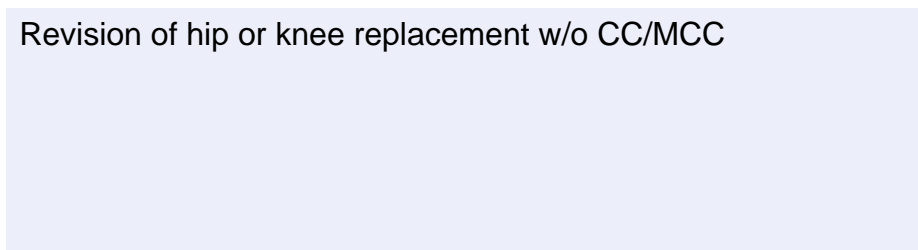
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16657.00 \*

\$17492.00 \*

\$13326.00 \*

\$12457.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

440130	BAPTIST MEMORIAL HOSPITAL UNION CITY	1201 BISHOP ST, PO BOX 310
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440132	HENRY COUNTY MEDICAL CENTER	301 TYSON AV
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440132	HENRY COUNTY MEDICAL CENTER	301 TYSON AV
--------	-----------------------------	--------------

440132	HENRY COUNTY MEDICAL CENTER	301 TYSON AV
--------	-----------------------------	--------------

440133	BAPTIST HOSPITAL	2000 CHURCH ST
--------	------------------	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

UNION CITY

TN

PARIS

TN

PARIS

TN

PARIS

TN

NASHVILLE

TN



# knee

Based on Hospital Medicare Payment And Volume Measures

38261	OBION	7318852410
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38242	HENRY	7316421220
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38242	HENRY	7316421220
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38242	HENRY	7316421220
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37236	DAVIDSON	6152845555
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15527.00 \*

\$12463.00 \*

\$15599.00 \*

\$23136.00 \*

\$569.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

440133	BAPTIST HOSPITAL	2000 CHURCH ST
440133	BAPTIST HOSPITAL	2000 CHURCH ST
440144	HARTON REGIONAL MEDICAL CENTER	1801 N JACKSON ST BOX 460

440150	SUMMIT MEDICAL CENTER	5655 FRIST BLVD
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440150	SUMMIT MEDICAL CENTER	5655 FRIST BLVD
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440151	RIVER PARK HOSPITAL	1559 SPARTA STREET
--------	---------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

NASHVILLE TN

NASHVILLE TN

TULLAHOMA TN

HERMITAGE TN

HERMITAGE TN

MC MINNVILLE TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37236	DAVIDSON	6152845555
37236	DAVIDSON	6152845555
37388	COFFEE	9313933000

37076	DAVIDSON	6153163000
37076	DAVIDSON	6153163000

37110	WARREN	9318154101
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14783.00	36
	\$14190.00	42
	\$14311.00 *	
	\$1068.00 *	
	\$14648.00 *	
	\$15754.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

440151	RIVER PARK HOSPITAL	1559 SPARTA STREET
440152	REGIONAL MEDICAL CENTER AT MEMPHIS	877 JEFFERSON AVENUE
440156	PARKRIDGE MEDICAL CENTER	2333 MCCALLIE AVE
440156	PARKRIDGE MEDICAL CENTER	2333 MCCALLIE AVE
440156	PARKRIDGE MEDICAL CENTER	2333 MCCALLIE AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MC MINNVILLE TN

MEMPHIS TN

CHATTANOOGA TN

CHATTANOOGA TN

CHATTANOOGA TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37110	WARREN	9318154101
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38103	SHELBY	9015457928
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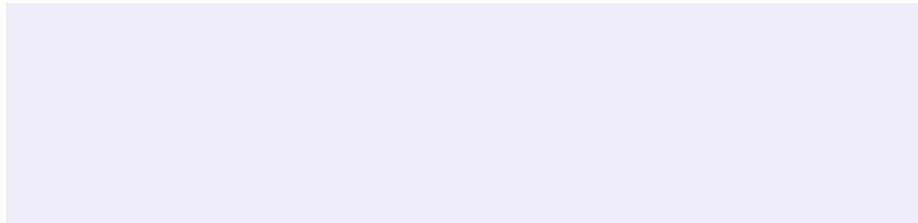
37404	HAMILTON	4238944220
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37404	HAMILTON	4238944220
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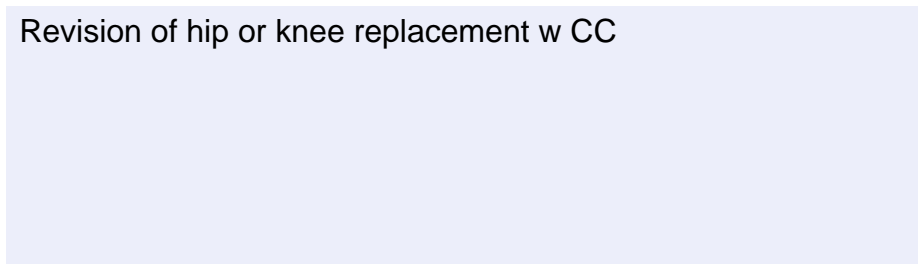
37404	HAMILTON	4238944220
-------	----------	------------

# knee

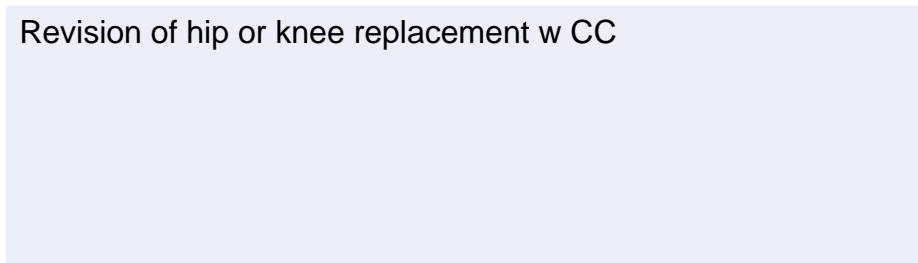
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



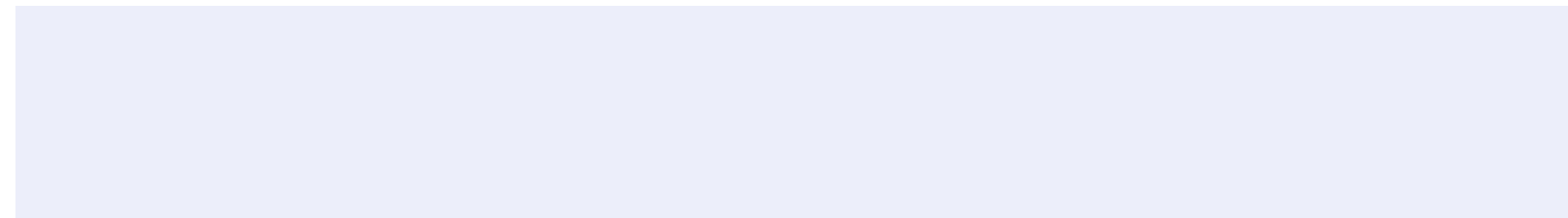
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



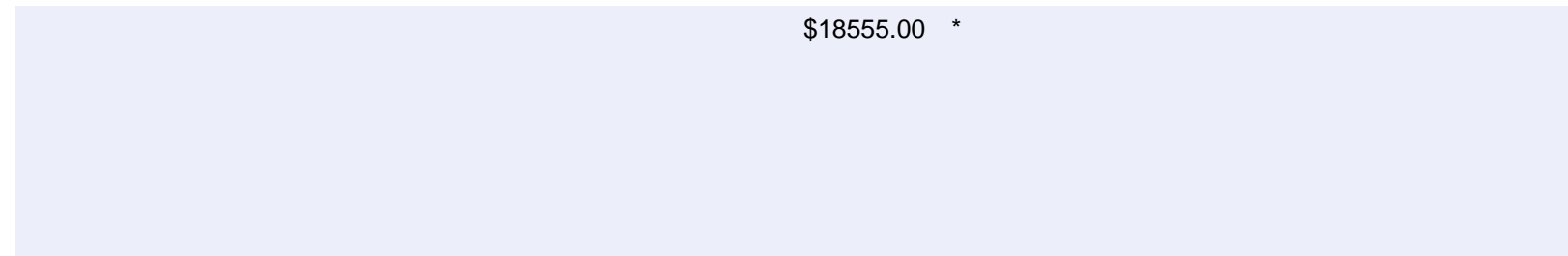
\$14976.00 \*



\$2462.00 \*

\$14851.00

16



\$18555.00 \*

\$26795.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

440159	DELTA MEDICAL CENTER	3000 GETWELL RD
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440159	DELTA MEDICAL CENTER	3000 GETWELL RD
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440161	CENTENNIAL MEDICAL CENTER	2300 PATTERSON STREET
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440161	CENTENNIAL MEDICAL CENTER	2300 PATTERSON STREET
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440161	CENTENNIAL MEDICAL CENTER	2300 PATTERSON STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

MEMPHIS TN

MEMPHIS	TN
---------	----

NASHVILLE	TN
NASHVILLE	TN

NASHVILLE TN

# knee

Based on Hospital Medicare Payment And Volume Measures

38118

SHELBY

9013698100

38118

SHELBY

9013698100

37203

DAVIDSON

6153421000

37203

DAVIDSON

6153421000

37203

DAVIDSON

6153421000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22624.00 \*

\$16201.00 \*

\$15075.00

16

\$18740.00 \*

\$25310.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440173	PARKWEST MEDICAL CENTER	9352 PARK WEST BLVD
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440173	PARKWEST MEDICAL CENTER	9352 PARK WEST BLVD
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440173	PARKWEST MEDICAL CENTER	9352 PARK WEST BLVD
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440176	INDIAN PATH MEDICAL CENTER	2000 BROOKSIDE DR
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440176	INDIAN PATH MEDICAL CENTER	2000 BROOKSIDE DR
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440176	INDIAN PATH MEDICAL CENTER	2000 BROOKSIDE DR
--------	----------------------------	-------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

KNOXVILLE TN

KNOXVILLE TN

KNOXVILLE TN

KINGSPORT TN

KINGSPORT TN

KINGSPORT TN



# knee

Based on Hospital Medicare Payment And Volume Measures

37923	KNOX	8653731000
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37923	KNOX	8653731000
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37923	KNOX	8653731000
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37660	SULLIVAN	4234311941
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37660	SULLIVAN	4234311941
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37660	SULLIVAN	4234311941
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13604.00 33

\$23628.00 \*

\$17007.00 28

\$122.00 \*

\$152.00 \*

\$11192.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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disclosed to protect personal  
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small number of Medicare  
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patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440183	ST FRANCIS HOSPITAL	5959 PARK AVE
440183	ST FRANCIS HOSPITAL	5959 PARK AVE
440183	ST FRANCIS HOSPITAL	5959 PARK AVE
440185	SKYRIDGE MEDICAL CENTER	2305 CHAMBLISS AVE NW
440189	REGIONAL HOSPITAL OF JACKSON	367 HOSPITAL BLVD
440189	REGIONAL HOSPITAL OF JACKSON	367 HOSPITAL BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

MEMPHIS TN

MEMPHIS TN

MEMPHIS TN

CLEVELAND TN

JACKSON TN

JACKSON TN

# knee

Based on Hospital Medicare Payment And Volume Measures

38119	SHELBY	9017651000
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38119	SHELBY	9017651000
-------	--------	------------

38119	SHELBY	9017651000
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37311	BRADLEY	4233394132
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38305	MADISON	7316612000
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38305	MADISON	7316612000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$14942.00	26
	\$25096.00 *	
	\$18672.00	13
	\$17343.00 *	
	\$17276.00 *	
	\$24480.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
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patients (fewer than 11)

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disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

440193	UNIVERSITY MEDICAL CENTER	1411 BADDOUR PARKWAY
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440194	HENDERSONVILLE MEDICAL CENTER	355 NEW SHACKLE ISLAND RD
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440194	HENDERSONVILLE MEDICAL CENTER	355 NEW SHACKLE ISLAND RD
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440194	HENDERSONVILLE MEDICAL CENTER	355 NEW SHACKLE ISLAND RD
--------	----------------------------------	------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LEBANON TN

HENDERSONVILL TN  
E

HENDERSONVILL TN  
E

HENDERSONVILL TN  
E

# knee

Based on Hospital Medicare Payment And Volume Measures

37087	WILSON	6154448262
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37075	SUMNER	6153381000
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37075	SUMNER	6153381000
-------	--------	------------

37075	SUMNER	6153381000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15346.00 \*

\$26643.00 \*

\$15906.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440197	SOUTHERN HILLS MEDICAL CTR	391 WALLACE RD
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440197	SOUTHERN HILLS MEDICAL CTR	391 WALLACE RD
--------	----------------------------	----------------

440197	SOUTHERN HILLS MEDICAL CTR	391 WALLACE RD
--------	----------------------------	----------------

440200	STONES RIVER HOSPITAL & DEKALB COMMUNITY HOSPITAL	324 DOOLITTLE ROAD
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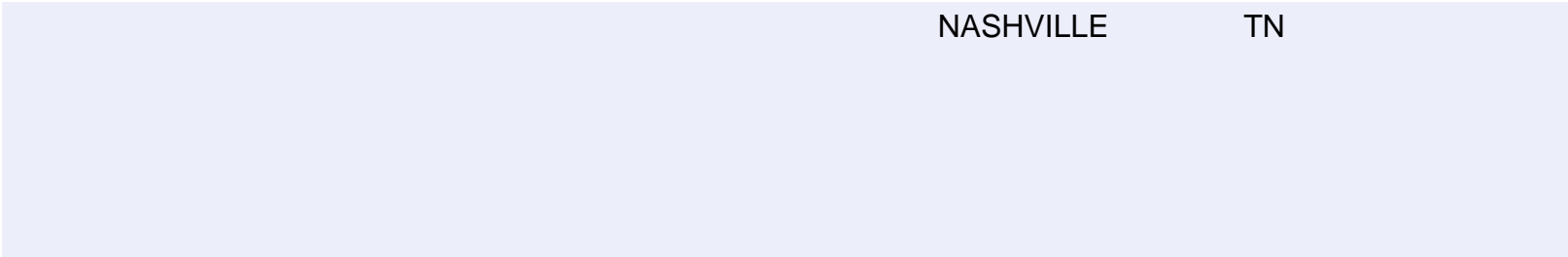
440226	BAPTIST HOSPITAL WEST	10820 PARKSIDE DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures



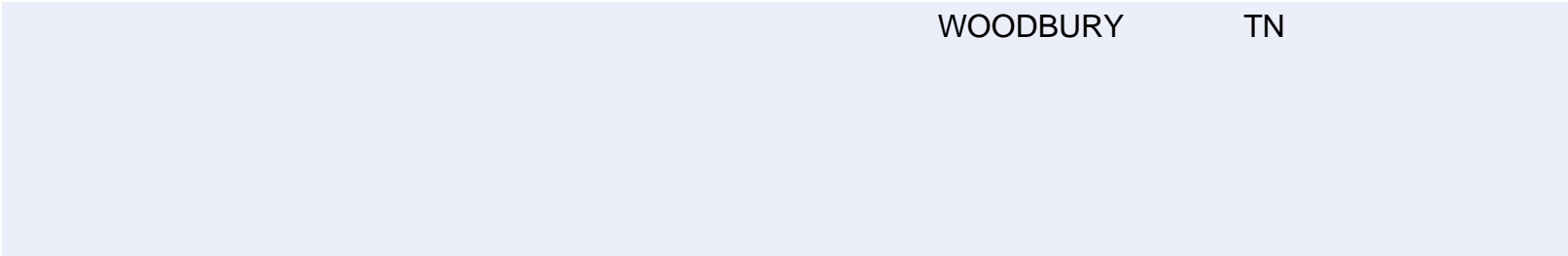
NASHVILLE TN



NASHVILLE TN



NASHVILLE TN



WOODBURY TN



KNOXVILLE TN

# knee

Based on Hospital Medicare Payment And Volume Measures

37211	DAVIDSON	6157814000
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37211	DAVIDSON	6157814000
-------	----------	------------

37211	DAVIDSON	6157814000
-------	----------	------------

37190	CANNON	6155634001
-------	--------	------------

37934	KNOX	8652187090
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14757.00 \*

\$18510.00 \*

\$1068.00 \*

\$27024.00 \*

\$11850.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

440226	BAPTIST HOSPITAL WEST	10820 PARKSIDE DRIVE
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440226	BAPTIST HOSPITAL WEST	10820 PARKSIDE DRIVE
--------	-----------------------	----------------------

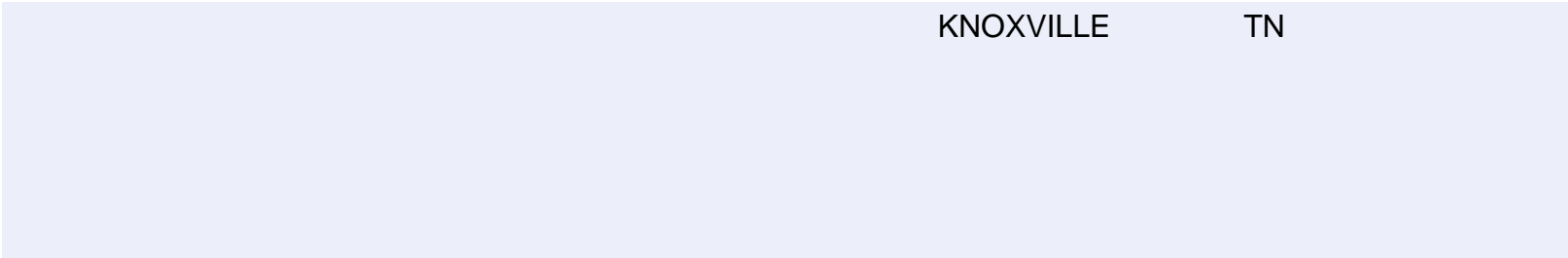
440228	SAINT FRANCIS BARTLETT MEDICAL CENTER	2986 KATE BOND RD
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440228	SAINT FRANCIS BARTLETT MEDICAL CENTER	2986 KATE BOND RD
--------	--	-------------------

# knee

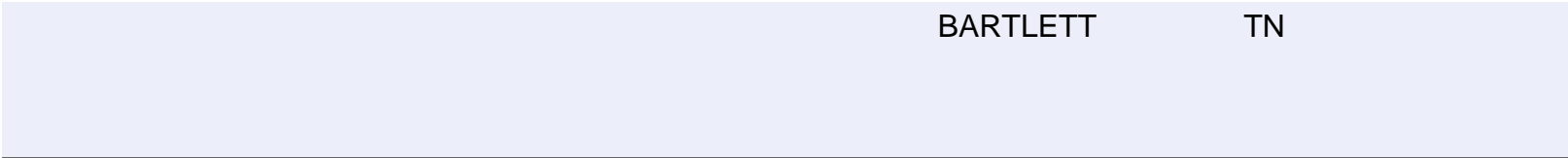
Based on Hospital Medicare Payment And Volume Measures

KNOXVILLE TN



KNOXVILLE TN

BARTLETT TN



BARTLETT TN



# knee

Based on Hospital Medicare Payment And Volume Measures

37934

KNOX

8652187090

37934

KNOX

8652187090

38133

SHELBY

9018207050

38133

SHELBY

9018207050

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16925.00 \*

\$14815.00 \*

\$11543.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450002	PROVIDENCE MEMORIAL HOSPITAL	2001 N OREGON ST
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450002	PROVIDENCE MEMORIAL HOSPITAL	2001 N OREGON ST
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450002	PROVIDENCE MEMORIAL HOSPITAL	2001 N OREGON ST
--------	------------------------------	------------------

450005	MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL	608 STRICKLAND DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

EL PASO

TX

EL PASO

TX

EL PASO

TX

ORANGE

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

79902	EL PASO	9155776011
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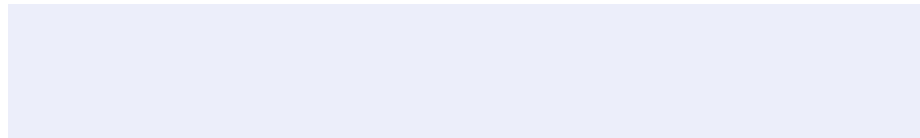
79902	EL PASO	9155776011
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79902	EL PASO	9155776011
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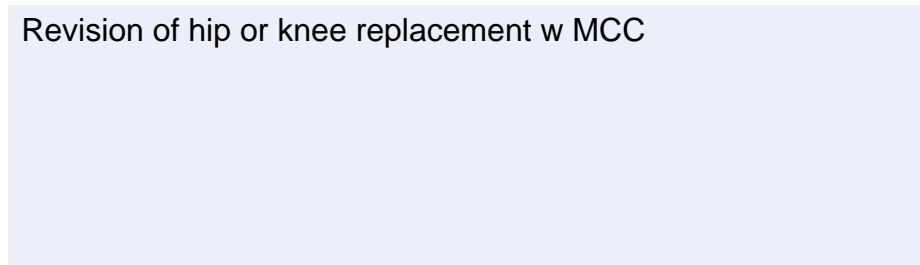
77630	ORANGE	4098839361
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# knee

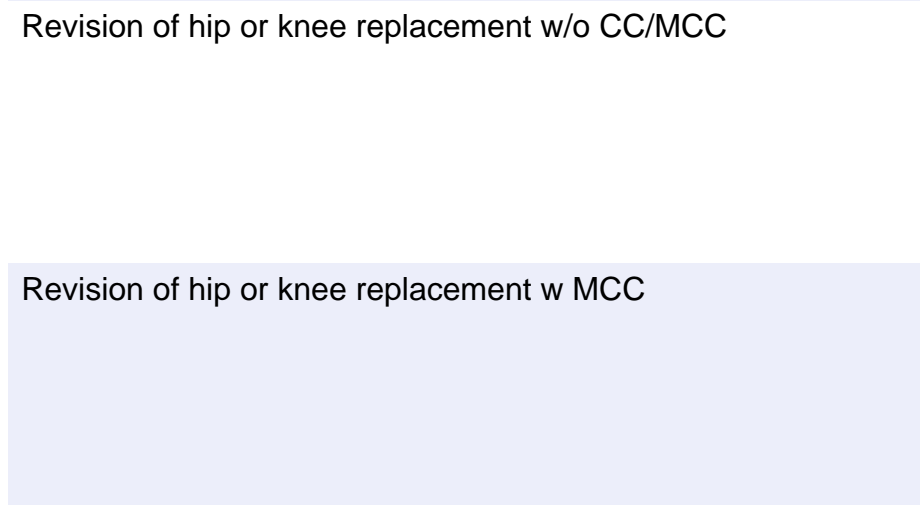
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$22017.00 \*

\$50218.00 \*

\$17611.00 \*

\$25256.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

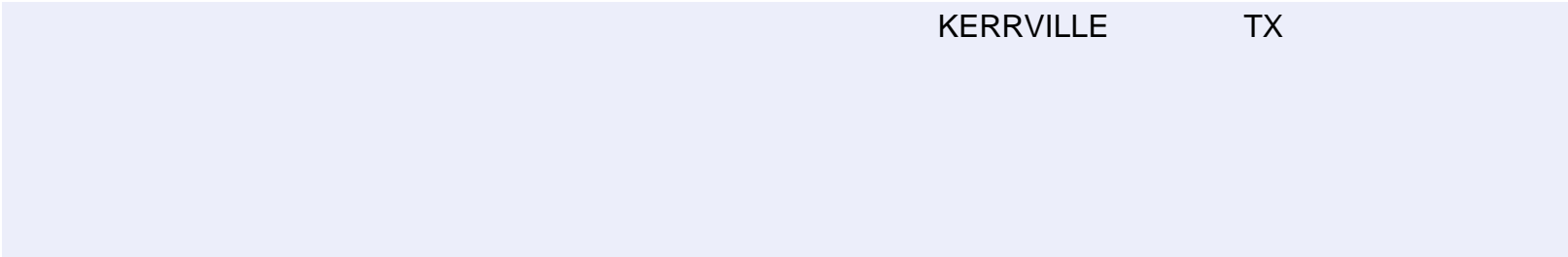
450007	PETERSON REGIONAL MEDICAL CENTER	551 HILL COUNTRY DRIVE
450007	PETERSON REGIONAL MEDICAL CENTER	551 HILL COUNTRY DRIVE
450007	PETERSON REGIONAL MEDICAL CENTER	551 HILL COUNTRY DRIVE
450008	KINGS DAUGHTERS HOSPITAL-SCOTT & WHITE HEALTHCARE	1901 SW H K DODGEN LOOP
450010	UNITED REGIONAL HEALTH CARE	1600 11TH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures



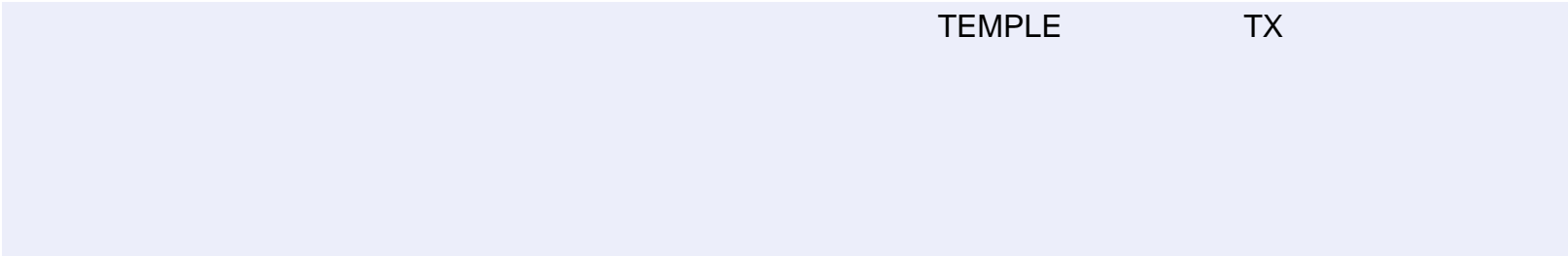
KERRVILLE TX



KERRVILLE TX



KERRVILLE TX



TEMPLE TX



WICHITA FALLS TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78028	KERR	8308964200
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78028	KERR	8308964200
-------	------	------------

78028	KERR	8308964200
-------	------	------------

76502	BELL	2547718600
-------	------	------------

76301	WICHITA	9407643055
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25342.00 \*

\$17087.00 \*

\$13668.00 \*

\$18466.00 \*

\$24361.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## SYSTEM

450010	UNITED REGIONAL HEALTH CARE SYSTEM	1600 11TH STREET
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450010	UNITED REGIONAL HEALTH CARE SYSTEM	1600 11TH STREET
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450011	ST JOSEPH REGIONAL HEALTH CENTER	2801 FRANCISCAN DR
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450011	ST JOSEPH REGIONAL HEALTH CENTER	2801 FRANCISCAN DR
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# knee

Based on Hospital Medicare Payment And Volume Measures

WICHITA FALLS TX

WICHITA FALLS TX

BRYAN TX

BRYAN TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76301

WICHITA

9407643055

76301

WICHITA

9407643055

77802

BRAZOS

9797763912

77802

BRAZOS

9797763912

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16629.00 \*

\$14510.00 \*

\$14605.00 \*

\$18396.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450015	PARKLAND HEALTH AND HOSPITAL SYSTEM	5201 HARRY HINES BLVD
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450015	PARKLAND HEALTH AND HOSPITAL SYSTEM	5201 HARRY HINES BLVD
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450015	PARKLAND HEALTH AND HOSPITAL SYSTEM	5201 HARRY HINES BLVD
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450018	UNIVERSITY OF TEXAS MEDICAL BRANCH GAL	301 UNIVERSITY BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

DALLAS

TX

DALLAS

TX

DALLAS

TX

GALVESTON

TX



# knee

Based on Hospital Medicare Payment And Volume Measures

75235	DALLAS	2145908000
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75235	DALLAS	2145908000
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75235	DALLAS	2145908000
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77555	GALVESTON	4097721011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$44357.00 \*

\$30145.00 \*

\$24112.00 \*

\$23044.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450018	UNIVERSITY OF TEXAS MEDICAL BRANCH GAL	301 UNIVERSITY BOULEVARD
450018	UNIVERSITY OF TEXAS MEDICAL BRANCH GAL	301 UNIVERSITY BOULEVARD
450021	BAYLOR UNIVERSITY MEDICAL CENTER	3500 GASTON AVE
450021	BAYLOR UNIVERSITY MEDICAL CENTER	3500 GASTON AVE
450021	BAYLOR UNIVERSITY MEDICAL CENTER	3500 GASTON AVE
450023	CITIZENS MEDICAL CENTER	2701 HOSPITAL DRIVE
450023	CITIZENS MEDICAL CENTER	2701 HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

GALVESTON	TX
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GALVESTON	TX
-----------	----

DALLAS	TX
--------	----

DALLAS	TX
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DALLAS	TX
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VICTORIA	TX
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VICTORIA	TX
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# knee

Based on Hospital Medicare Payment And Volume Measures

77555	GALVESTON	4097721011
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77555	GALVESTON	4097721011
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75246	DALLAS	2148200111
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75246	DALLAS	2148200111
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75246	DALLAS	2148200111
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77901	VICTORIA	3615739181
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77901	VICTORIA	3615739181
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$28810.00	*
	\$43402.00	*
	\$29652.00	26
	\$20001.00	75
	\$16084.00	28
	\$12860.00	*
	\$14720.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450024	UNIVERSITY MEDICAL CENTER OF EL PASO	4815 ALAMEDA AVE
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450024	UNIVERSITY MEDICAL CENTER OF EL PASO	4815 ALAMEDA AVE
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450024	UNIVERSITY MEDICAL CENTER OF EL PASO	4815 ALAMEDA AVE
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450028	VALLEY BAPTIST MEDICAL CENTER - BROWNSVILLE	1040 W JEFFERSON ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

EL PASO

TX

EL PASO

TX

EL PASO

TX

BROWNSVILLE

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

79905

EL PASO

9155217602

79905

EL PASO

9155217602

79905

EL PASO

9155217602

78520

CAMERON

9565441400

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26892.00 \*

\$32711.00 \*

\$12372.00 \*

\$15706.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450029	LAREDO MEDICAL CENTER	1700 EAST SAUNDERS
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450033	VALLEY BAPTIST MEDICAL CENTER	2101 PEASE ST
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450033	VALLEY BAPTIST MEDICAL CENTER	2101 PEASE ST
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450033	VALLEY BAPTIST MEDICAL CENTER	2101 PEASE ST
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450034	CHRISTUS HOSPITAL	2830 CALDER AVENUE
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450034	CHRISTUS HOSPITAL	2830 CALDER AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

LAREDO	TX
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HARLINGEN	TX
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HARLINGEN	TX
-----------	----

HARLINGEN	TX
-----------	----

BEAUMONT	TX
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BEAUMONT	TX
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

78044	WEBB	9567965000
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78550	CAMERON	9563891100
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78550	CAMERON	9563891100
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78550	CAMERON	9563891100
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77702	JEFFERSON	4098927171
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77702	JEFFERSON	4098927171
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

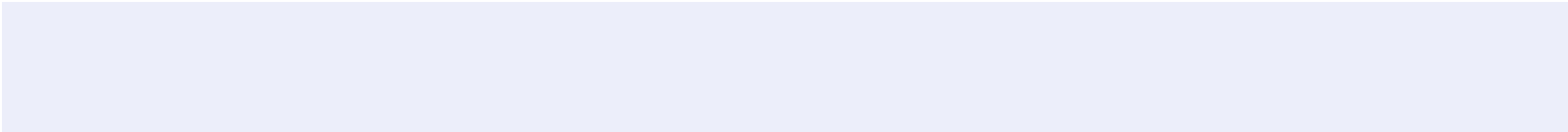
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$21010.00 \*



\$17456.00 \*

\$32369.00 \*



\$21824.00

27

\$17207.00

20



\$15522.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450034

CHRISTUS HOSPITAL

2830 CALDER AVENUE

450035

ST JOSEPH MEDICAL CENTER

1401 ST. JOSEPH PARKWAY

450035

ST JOSEPH MEDICAL CENTER

1401 ST. JOSEPH PARKWAY

450035

ST JOSEPH MEDICAL CENTER

1401 ST. JOSEPH PARKWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

BEAUMONT TX

HOUSTON TX

HOUSTON TX

HOUSTON TX



# knee

Based on Hospital Medicare Payment And Volume Measures

77702	JEFFERSON	4098927171
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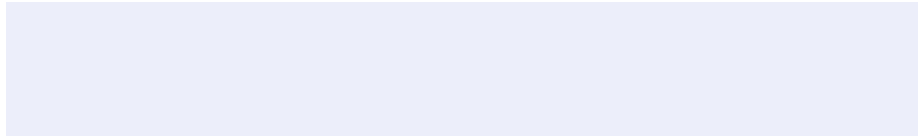
77002	HARRIS	7137571000
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77002	HARRIS	7137571000
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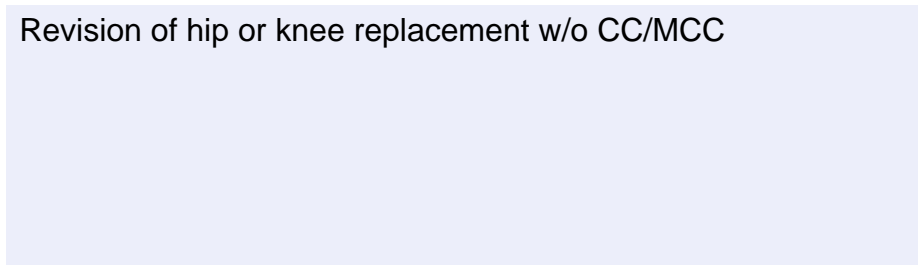
77002	HARRIS	7137571000
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# knee

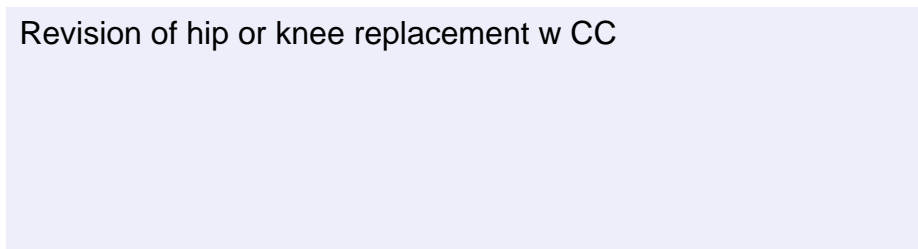
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13822.00 \*

\$1327.00 \*

\$2461.00 \*

\$24232.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450037	GOOD SHEPHERD MEDICAL CENTER	700 EAST MARSHALL AVENUE
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450037	GOOD SHEPHERD MEDICAL CENTER	700 EAST MARSHALL AVENUE
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450037	GOOD SHEPHERD MEDICAL CENTER	700 EAST MARSHALL AVENUE
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450039	JPS HEALTH NETWORK	1500 S MAIN ST
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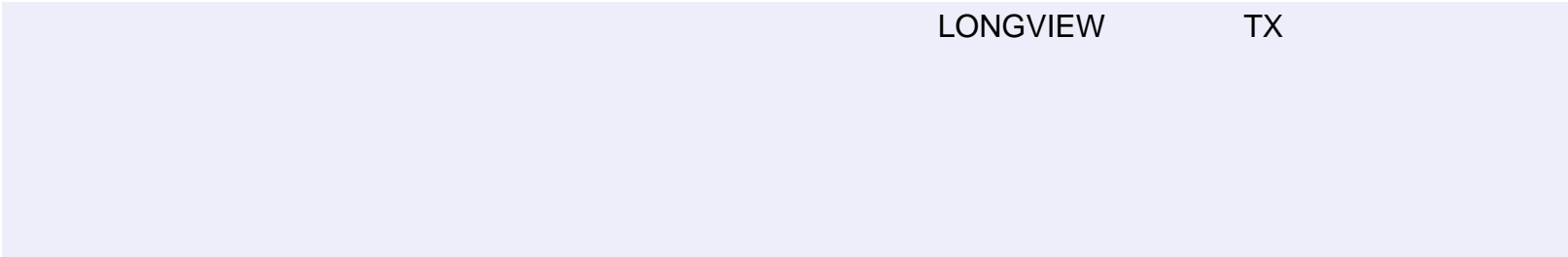
450039	JPS HEALTH NETWORK	1500 S MAIN ST
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# knee

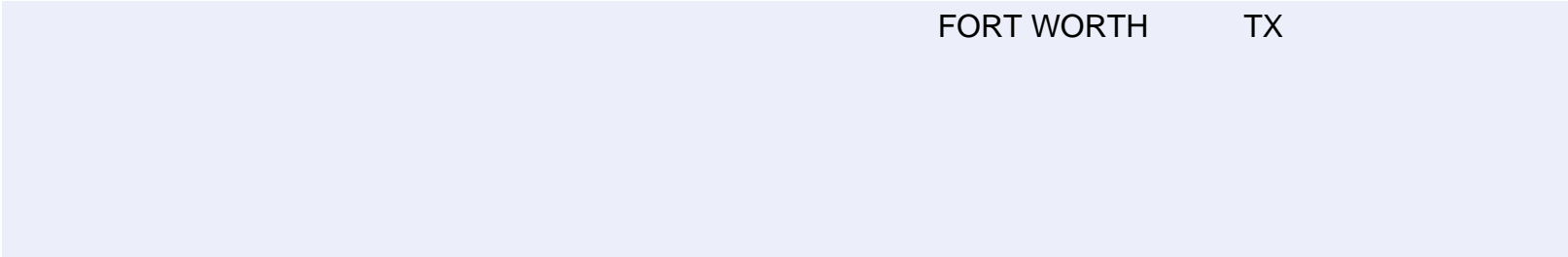
Based on Hospital Medicare Payment And Volume Measures



LONGVIEW TX



LONGVIEW TX



FORT WORTH TX

FORT WORTH TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75601	GREGG	9033152000
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75601	GREGG	9033152000
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75601	GREGG	9033152000
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76104	TARRANT	8179213431
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76104	TARRANT	8179213431
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17022.00	*
	\$25247.00	*
	\$13615.00	16
	\$20794.00	*
	\$39494.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450039	JPS HEALTH NETWORK	1500 S MAIN ST
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450040	COVENANT MEDICAL CENTER	3615 19TH STREET
450040	COVENANT MEDICAL CENTER	3615 19TH STREET
450040	COVENANT MEDICAL CENTER	3615 19TH STREET
450042	PROVIDENCE HEALTH CENTER	6901 MEDICAL PARKWAY

450042	PROVIDENCE HEALTH CENTER	6901 MEDICAL PARKWAY
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450042	PROVIDENCE HEALTH CENTER	6901 MEDICAL PARKWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

FORT WORTH TX

LUBBOCK TX

LUBBOCK TX

LUBBOCK TX

WACO TX

WACO TX

WACO TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76104	TARRANT	8179213431
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79410	LUBBOCK	8067256000
79410	LUBBOCK	8067256000
79410	LUBBOCK	8067256000
76712	MCLENNAN	2547514000

76712	MCLENNAN	2547514000
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76712	MCLENNAN	2547514000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$25997.00 \*

\$16858.00	40
\$20273.00	17
\$13484.00	17
\$13419.00 *	

\$28225.00 *
\$13980.00 *

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450044	UT SOUTHWESTERN UNIVERSITY HOSPITAL	5909 HARRY HINES BLVD
450044	UT SOUTHWESTERN UNIVERSITY HOSPITAL	5909 HARRY HINES BLVD
450044	UT SOUTHWESTERN UNIVERSITY HOSPITAL	5909 HARRY HINES BLVD
450046	CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI	600 ELIZABETH STREET
450046	CHRISTUS SPOHN HOSPITAL CORPUS CHRISTI	600 ELIZABETH STREET
450046	CHRISTUS SPOHN HOSPITAL	600 ELIZABETH STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	DALLAS	TX
	DALLAS	TX
	DALLAS	TX
	CORPUS CHRISTI	TX
	CORPUS CHRISTI	TX
	CORPUS CHRISTI	TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75390	DALLAS	2148793758
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75390	DALLAS	2148793758
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75390	DALLAS	2148793758
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78404	NUECES	3619024103
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78404	NUECES	3619024103
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78404	NUECES	3619024103
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20558.00 32

\$30303.00 \*

\$16240.00 \*

\$344.00 21

\$28275.00 \*

\$18527.00 46

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

# knee

Based on Hospital Medicare Payment And Volume Measures

	CORPUS CHRISTI	
450051	METHODIST DALLAS MEDICAL CENTER	1441 NORTH BECKLEY AVENUE
450051	METHODIST DALLAS MEDICAL CENTER	1441 NORTH BECKLEY AVENUE
450051	METHODIST DALLAS MEDICAL CENTER	1441 NORTH BECKLEY AVENUE
450054	SCOTT & WHITE MEMORIAL HOSPITAL	2401 31ST ST
450054	SCOTT & WHITE MEMORIAL HOSPITAL	2401 31ST ST
450054	SCOTT & WHITE MEMORIAL HOSPITAL	2401 31ST ST
450056	SETON MEDICAL CENTER AUSTIN	1201 W 38TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

DALLAS	TX
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DALLAS	TX
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DALLAS	TX
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TEMPLE	TX
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TEMPLE	TX
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TEMPLE	TX
--------	----

AUSTIN	TX
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# knee

Based on Hospital Medicare Payment And Volume Measures

75203	DALLAS	2149472879
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75203	DALLAS	2149472879
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75203	DALLAS	2149472879
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76508	BELL	2547242111
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76508	BELL	2547242111
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76508	BELL	2547242111
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78705	TRAVIS	5123241000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18196.00	14
	\$17329.00 *	
	\$17288.00 *	
	\$16917.00	32
	\$30344.00 *	
	\$21149.00	32
	\$13664.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450056	SETON MEDICAL CENTER AUSTIN	1201 W 38TH ST
450056	SETON MEDICAL CENTER AUSTIN	1201 W 38TH ST
450058	BAPTIST MEDICAL CENTER	111 DALLAS STREET
450058	BAPTIST MEDICAL CENTER	111 DALLAS STREET
450064	TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	800 W RANDOL MILL RD

# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN TX

AUSTIN TX

SAN ANTONIO TX

SAN ANTONIO TX

SAN ANTONIO TX

ARLINGTON TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78705	TRAVIS	5123241000
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78705	TRAVIS	5123241000
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78205	BEXAR	2102971020
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78205	BEXAR	2102971020
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78205	BEXAR	2102971020
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76012	TARRANT	8175486100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17083.00 26

\$25338.00 \*

\$28535.00 \*

\$19026.00 45

\$15219.00 23

\$14340.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450064	TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	800 W RANDOL MILL RD
450064	TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	800 W RANDOL MILL RD

450068	MEMORIAL HERMANN TEXAS MEDICAL CENTER	6411 FANNIN
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450068	MEMORIAL HERMANN TEXAS MEDICAL CENTER	6411 FANNIN
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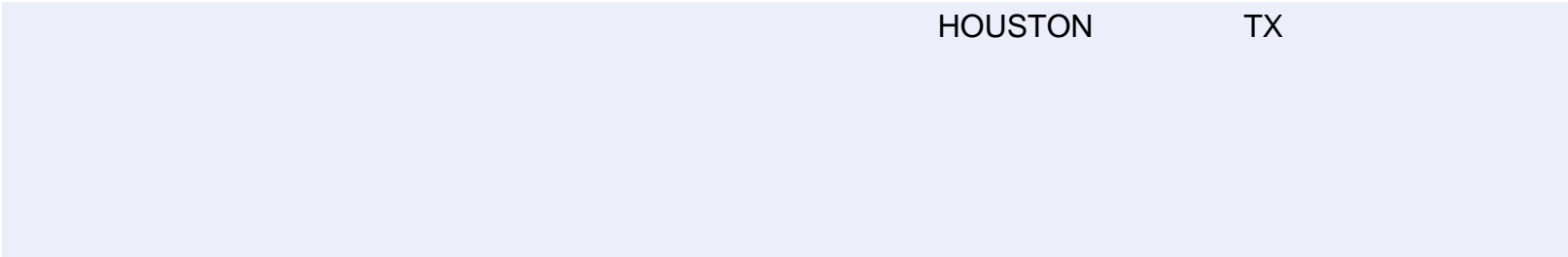
450068	MEMORIAL HERMANN TEXAS MEDICAL CENTER	6411 FANNIN
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# knee

Based on Hospital Medicare Payment And Volume Measures

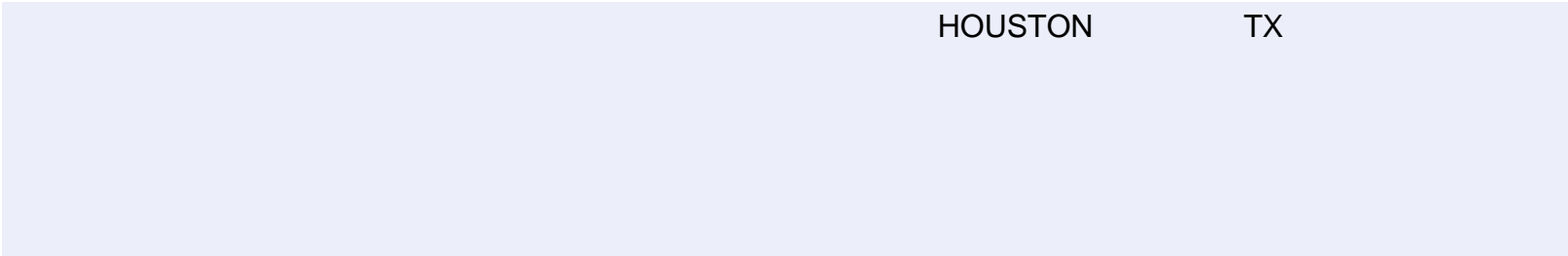
ARLINGTON TX

ARLINGTON TX



HOUSTON TX

HOUSTON TX



HOUSTON TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76012	TARRANT	8175486100
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76012	TARRANT	8175486100
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77030	HARRIS	7137043700
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77030	HARRIS	7137043700
-------	--------	------------

77030	HARRIS	7137043700
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

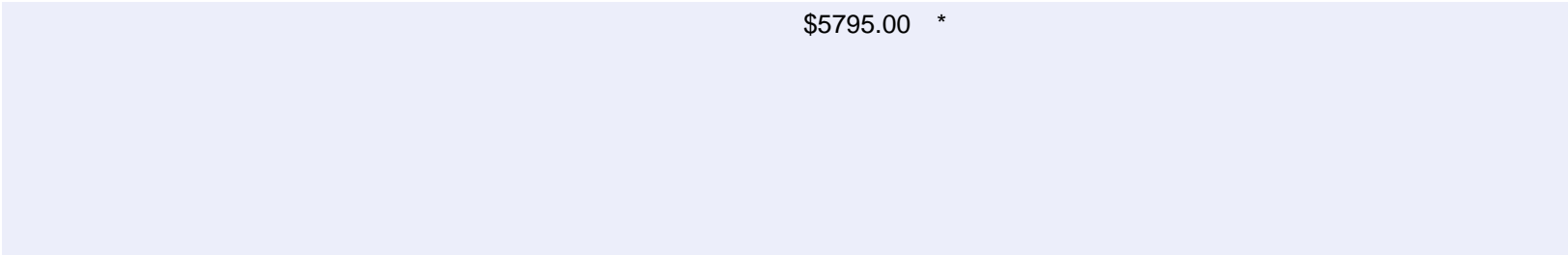
Revision of hip or knee replacement w/o CC/MCC

# knee

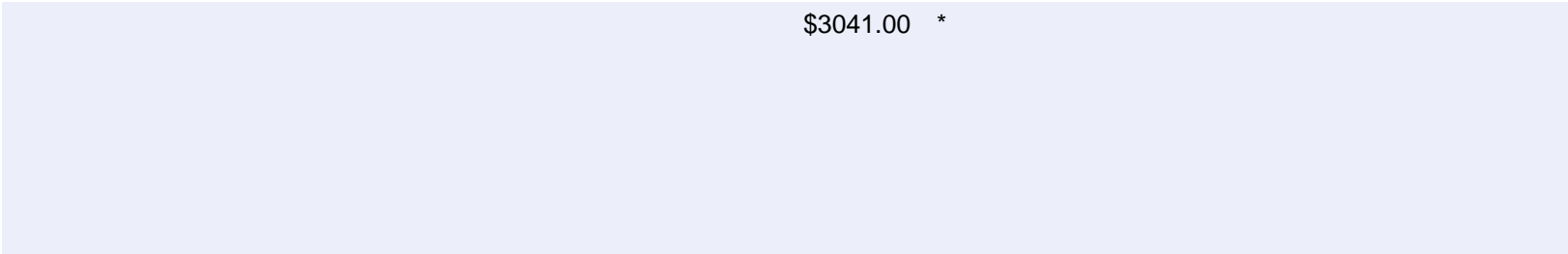
Based on Hospital Medicare Payment And Volume Measures

\$17928.00 12

\$20239.00 \*



\$25917.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450072	BRAZOSPORT REGIONAL HEALTH SYSTEM	100 MEDICAL DRIVE
--------	--------------------------------------	-------------------

450072	BRAZOSPORT REGIONAL HEALTH SYSTEM	100 MEDICAL DRIVE
--------	--------------------------------------	-------------------

450079	BAYLOR MEDICAL CENTER AT IRVING	1901 N MACARTHUR BLVD
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450079	BAYLOR MEDICAL CENTER AT IRVING	1901 N MACARTHUR BLVD
--------	------------------------------------	-----------------------

450079	BAYLOR MEDICAL CENTER AT IRVING	1901 N MACARTHUR BLVD
--------	------------------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LAKE JACKSON TX

LAKE JACKSON TX

IRVING TX

IRVING TX

IRVING TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77566	BRAZORIA	9792974411
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77566	BRAZORIA	9792974411
-------	----------	------------

75061	DALLAS	9725798100
-------	--------	------------

75061	DALLAS	9725798100
-------	--------	------------

75061	DALLAS	9725798100
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14545.00 \*

\$18184.00 \*

\$15009.00 \*

\$18681.00 \*

\$21449.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

450080

TITUS REGIONAL MEDICAL CENTER 2001 N JEFFERSON

450080

TITUS REGIONAL MEDICAL CENTER 2001 N JEFFERSON

450083

EAST TEXAS MEDICAL CENTER 1000 SOUTH BECKHAM  
STREET

450083

EAST TEXAS MEDICAL CENTER 1000 SOUTH BECKHAM  
STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

MOUNT  
PLEASANT

TX

MOUNT  
PLEASANT

TX

TYLER

TX

TYLER

TX



# knee

Based on Hospital Medicare Payment And Volume Measures

75455

TITUS

9035776000

75455

TITUS

9035776000

75701

SMITH

9035970351

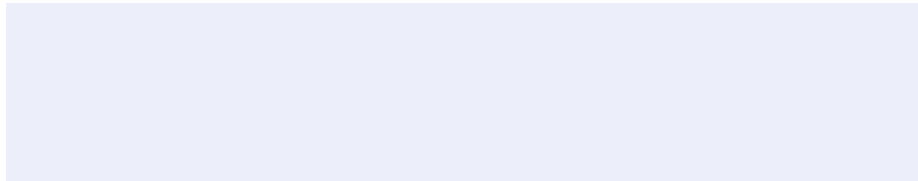
75701

SMITH

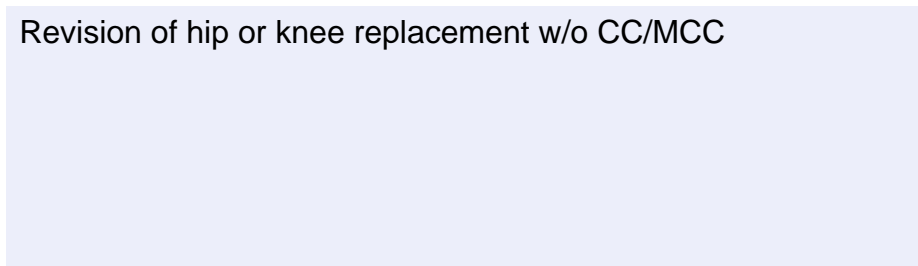
9035970351

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27926.00 \*

\$15306.00 \*

\$13568.00 \*

\$23799.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

450083	EAST TEXAS MEDICAL CENTER	1000 SOUTH BECKHAM STREET
450087	NORTH HILLS HOSPITAL	4401 BOOTH CALLOWAY ROAD
450087	NORTH HILLS HOSPITAL	4401 BOOTH CALLOWAY ROAD
450097	BAYSHORE MEDICAL CENTER	4000 SPENCER HWY
450097	BAYSHORE MEDICAL CENTER	4000 SPENCER HWY

# knee

Based on Hospital Medicare Payment And Volume Measures

TYLER TX

NORTH RICHLAND TX  
HILLS

NORTH RICHLAND TX  
HILLS

PASADENA TX

PASADENA TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75701	SMITH	9035970351
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76180	TARRANT	8172551000
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76180	TARRANT	8172551000
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77504	HARRIS	7133592000
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77504	HARRIS	7133592000
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16963.00	15
	\$15624.00 *	
	\$25625.00 *	
	\$19588.00 *	
	\$1068.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450099	PAMPA REGIONAL MEDICAL CENTER	1 MEDICAL PLAZA
--------	----------------------------------	-----------------

450101	HILLCREST BAPTIST MEDICAL CENTER	100 HILLCREST MEDICAL BLVD
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450101	HILLCREST BAPTIST MEDICAL CENTER	100 HILLCREST MEDICAL BLVD
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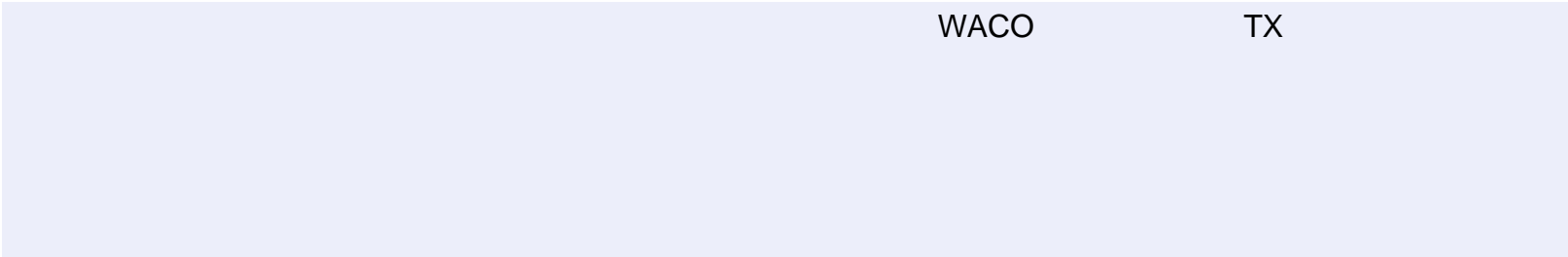
450101	HILLCREST BAPTIST MEDICAL CENTER	100 HILLCREST MEDICAL BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

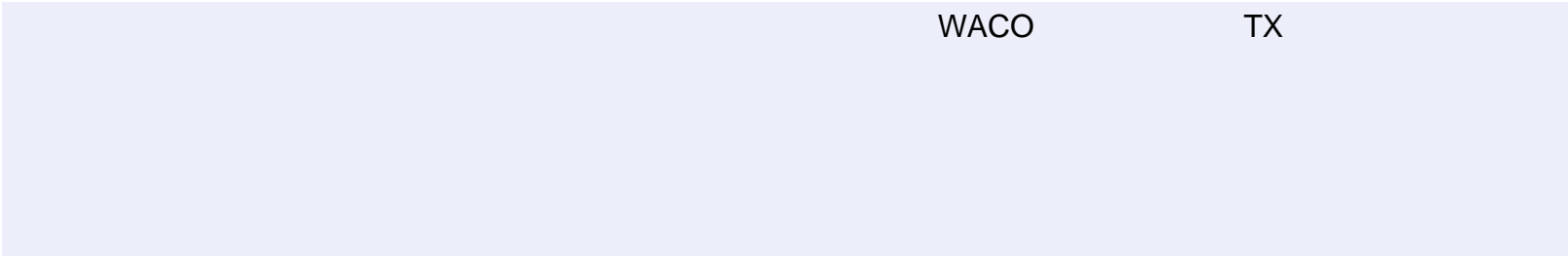
PAMPA

TX



WACO

TX



WACO

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

79065	GRAY	8066653721
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76712	MCLENNAN	2542022000
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76712	MCLENNAN	2542022000
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76712	MCLENNAN	2542022000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16947.00 \*

\$28312.00 \*

\$353.00 \*

\$15611.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450102	MOTHER FRANCES HOSPITAL	800 EAST DAWSON
--------	-------------------------	-----------------

450102	MOTHER FRANCES HOSPITAL	800 EAST DAWSON
--------	-------------------------	-----------------

450102	MOTHER FRANCES HOSPITAL	800 EAST DAWSON
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450104	GUADALUPE REGIONAL MEDICAL CENTER	1215 E COURT ST
--------	-----------------------------------	-----------------

450104	GUADALUPE REGIONAL MEDICAL CENTER	1215 E COURT ST
--------	-----------------------------------	-----------------

450104	GUADALUPE REGIONAL MEDICAL CENTER	1215 E COURT ST
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knee

Based on Hospital Medicare Payment And Volume Measures

TYLER

TX

TYLER

TX

TYLER

TX

SEGUIN

TX

SEGUIN

TX

SEGUIN

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75701	SMITH	9035938441
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75701	SMITH	9035938441
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75701	SMITH	9035938441
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78155	GUADALUPE	8303792411
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78155	GUADALUPE	8303792411
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78155	GUADALUPE	8303792411
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$11443.00	*
	\$14305.00	58
	\$24944.00	11
	\$14444.00	*
	\$17736.00	*
	\$14187.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450107	LAS PALMAS MEDICAL CENTER	1801 NORTH OREGON STREET
450107	LAS PALMAS MEDICAL CENTER	1801 NORTH OREGON STREET
450107	LAS PALMAS MEDICAL CENTER	1801 NORTH OREGON STREET
450119	SOUTH TEXAS HEALTH SYSTEM	1102 W TRENTON ROAD
450119	SOUTH TEXAS HEALTH SYSTEM	1102 W TRENTON ROAD
450119	SOUTH TEXAS HEALTH SYSTEM	1102 W TRENTON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

EL PASO	TX
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EL PASO	TX
---------	----

EL PASO	TX
---------	----

EDINBURG	TX
----------	----

EDINBURG	TX
----------	----

EDINBURG	TX
----------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

79902	EL PASO	9155211200
79902	EL PASO	9155211200
79902	EL PASO	9155211200
78539	HIDALGO	9563886000
78539	HIDALGO	9563886000
78539	HIDALGO	9563886000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17059.00	22
--	------------	----

	\$19469.00	18
--	------------	----

	\$31633.00 *	
--	--------------	--

	\$20747.00 *	
--	--------------	--

	\$38471.00 *	
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	\$25937.00 *	
--	--------------	--

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

450124	UNIVERSITY MEDICAL CENTER AT BRACKENRIDGE	601 E 15TH STREET
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450128	KNAPP MEDICAL CENTER	1401 EAST EIGHT STREET
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450128	KNAPP MEDICAL CENTER	1401 EAST EIGHT STREET
--------	----------------------	------------------------

450130	NIX HEALTH CARE SYSTEM	414 NAVARRO
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# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN

TX

WESLACO

TX

WESLACO

TX

SAN ANTONIO

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78701	TRAVIS	5123247000
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78596	HIDALGO	9569688567
-------	---------	------------

78596	HIDALGO	9569688567
-------	---------	------------

78205	BEXAR	2102711800
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$42223.00 \*

\$23558.00 \*

\$18756.00 \*

\$17325.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450130	NIX HEALTH CARE SYSTEM	414 NAVARRO
450132	MEDICAL CENTER HOSPITAL	500 W 4TH STREET
450132	MEDICAL CENTER HOSPITAL	500 W 4TH STREET
450133	MIDLAND MEMORIAL HOSPITAL	2200 WEST ILLINOIS AVE
450135	TEXAS HEALTH HARRIS METHODIST FORT WORTH	1301 PENNSYLVANIA AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN ANTONIO TX

ODESSA TX

ODESSA TX

MIDLAND TX

FORT WORTH TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78205	BEXAR	2102711800
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79761	ECTOR	4326404000
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79761	ECTOR	4326404000
-------	-------	------------

79701	MIDLAND	4326851111
-------	---------	------------

76104	TARRANT	8172502100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$21660.00 \*

\$31966.00 \*

\$30151.00 \*

\$18095.00 \*

\$17788.00

22

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450135	TEXAS HEALTH HARRIS METHODIST FORT WORTH	1301 PENNSYLVANIA AVENUE
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450135	TEXAS HEALTH HARRIS METHODIST FORT WORTH	1301 PENNSYLVANIA AVENUE
--------	---	-----------------------------

450137	BAYLOR ALL SAINTS MEDICAL CENTER AT FW	1400 EIGHTH AVE
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450137	BAYLOR ALL SAINTS MEDICAL CENTER AT FW	1400 EIGHTH AVE
--------	---	-----------------

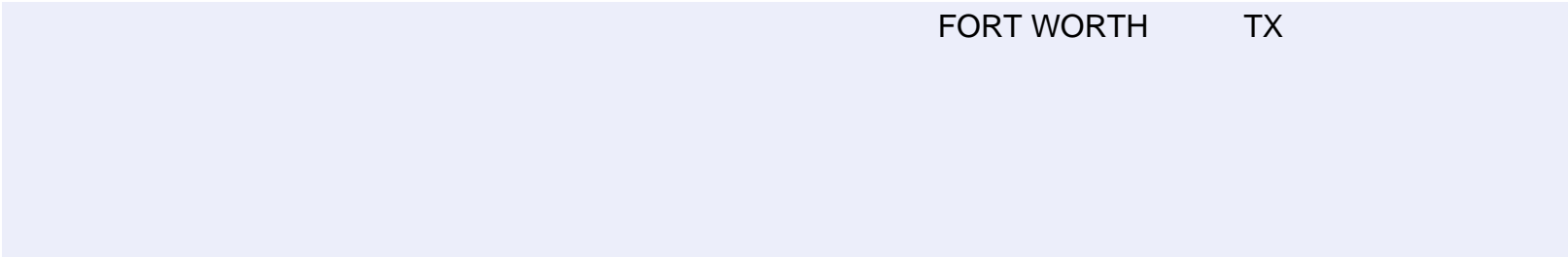
450147	DETAR HOSPITAL NAVARRO	506 E SAN ANTONIO ST
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# knee

Based on Hospital Medicare Payment And Volume Measures

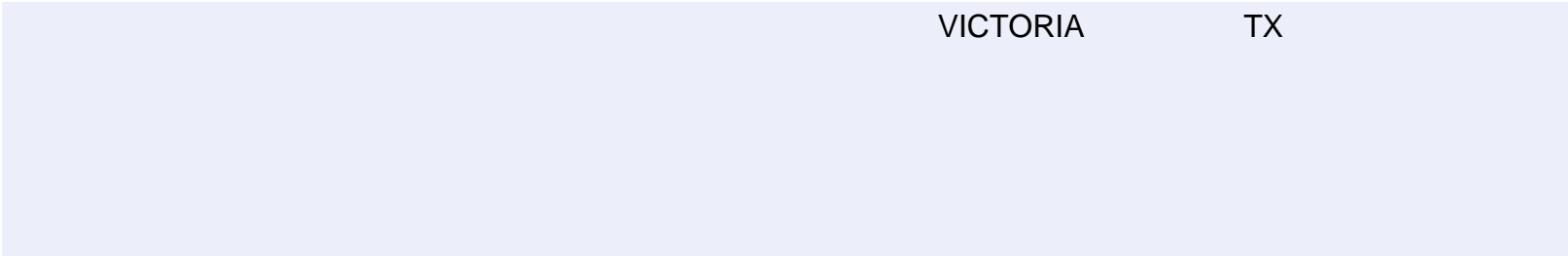
FORT WORTH TX

FORT WORTH TX



FORT WORTH TX

FORT WORTH TX



VICTORIA TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76104	TARRANT	8172502100
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76104	TARRANT	8172502100
-------	---------	------------

76104	TARRANT	8179262544
-------	---------	------------

76104	TARRANT	8179262544
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77902	VICTORIA	3615757441
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

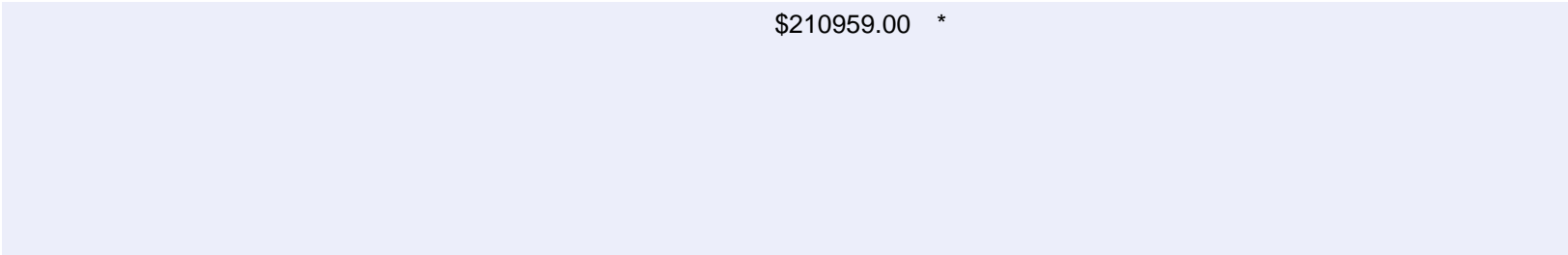
# knee

Based on Hospital Medicare Payment And Volume Measures

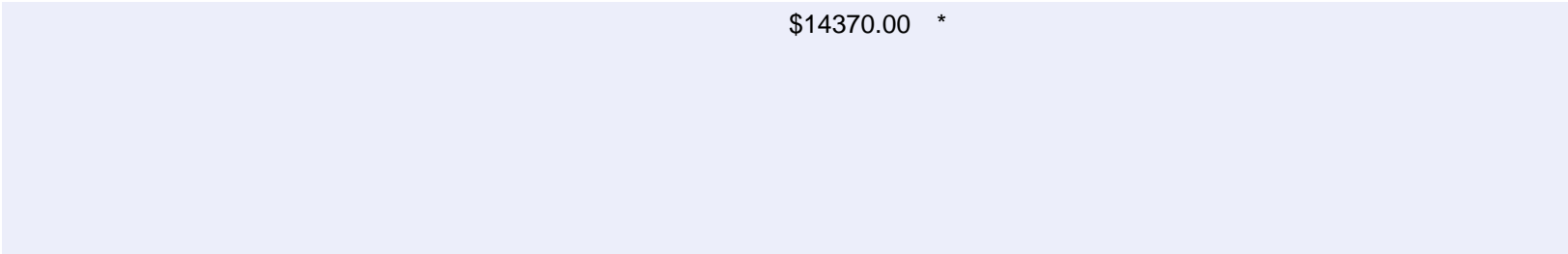
\$28439.00 \*

\$15221.00

23



\$17983.00 \*



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450147	DETAR HOSPITAL NAVARRO	506 E SAN ANTONIO ST
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450148	TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	201 WALLS DRIVE
--------	--	-----------------

450148	TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	201 WALLS DRIVE
--------	--	-----------------

450152	METROPLEX HOSPITAL	2201 S CLEAR CREEK ROAD
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450152	METROPLEX HOSPITAL	2201 S CLEAR CREEK ROAD
--------	--------------------	-------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

VICTORIA TX

CLEBURNE TX

CLEBURNE TX

KILLEEN TX

KILLEEN TX



# knee

Based on Hospital Medicare Payment And Volume Measures

77902	VICTORIA	3615757441
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76033	JOHNSON	8176412551
-------	---------	------------

76033	JOHNSON	8176412551
-------	---------	------------

76542	BELL	2545267523
-------	------	------------

76542	BELL	2545267523
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17957.00 \*

\$15527.00 \*

\$14897.00 \*

\$14826.00 \*

\$18536.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450152

METROPLEX HOSPITAL

2201 S CLEAR CREEK ROAD

450154

VAL VERDE REGIONAL MEDICAL  
CENTER

801 BEDELL AVE

450165

SOUTH TEXAS REGIONAL MEDICAL  
CENTER

1905 HWY 97 EAST

450165

SOUTH TEXAS REGIONAL MEDICAL  
CENTER

1905 HWY 97 EAST

# knee

Based on Hospital Medicare Payment And Volume Measures

KILLEEN

TX

DEL RIO

TX

JOURDANTON

TX

JOURDANTON

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76542

BELL

2545267523

78840

VAL VERDE

8307758566

78026

ATASCOSA

8307693515

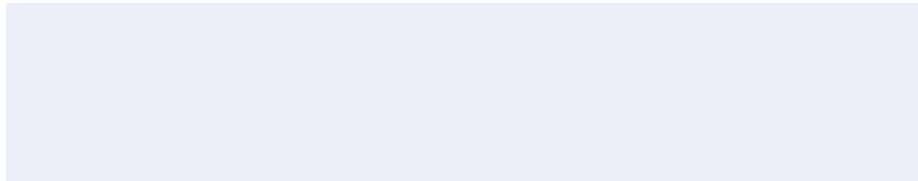
78026

ATASCOSA

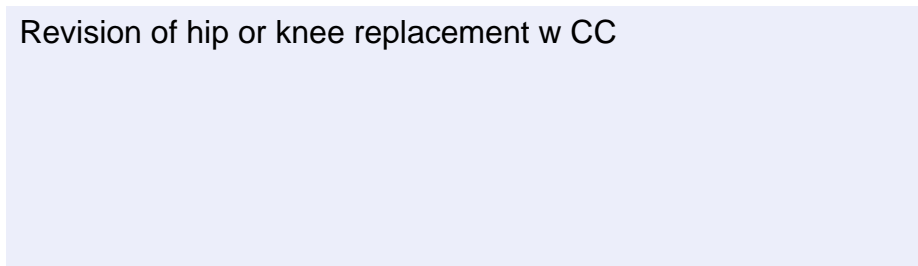
8307693515

# knee

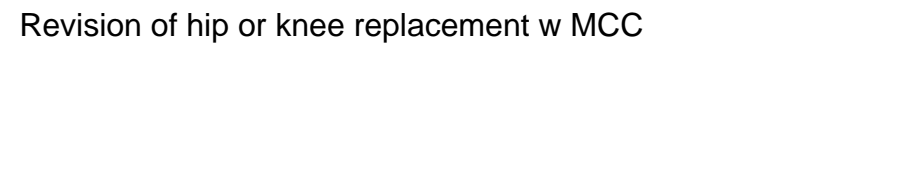
Based on Hospital Medicare Payment And Volume Measures



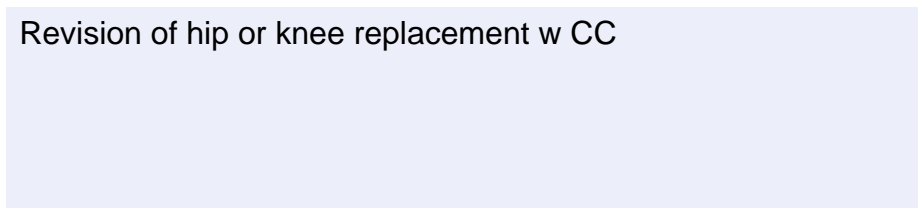
Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$26750.00 \*

\$16674.00 \*

\$15156.00 \*

\$14678.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

450176	MISSION REGIONAL MEDICAL CENTER	900 SOUTH BRYAN ROAD
450176	MISSION REGIONAL MEDICAL CENTER	900 SOUTH BRYAN ROAD
450176	MISSION REGIONAL MEDICAL CENTER	900 SOUTH BRYAN ROAD
450184	MEMORIAL HERMANN HOSPITAL SYSTEM	1635 NORTH LOOP WEST
450184	MEMORIAL HERMANN HOSPITAL SYSTEM	1635 NORTH LOOP WEST
450184	MEMORIAL HERMANN HOSPITAL SYSTEM	1635 NORTH LOOP WEST

# knee

Based on Hospital Medicare Payment And Volume Measures

MISSION	TX
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MISSION	TX
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MISSION	TX
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HOUSTON	TX
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HOUSTON	TX
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HOUSTON	TX
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# knee

Based on Hospital Medicare Payment And Volume Measures

78572	HIDALGO	9563239000
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78572	HIDALGO	9563239000
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78572	HIDALGO	9563239000
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77008	HARRIS	7134486796
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77008	HARRIS	7134486796
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77008	HARRIS	7134486796
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$22387.00 \*



\$36396.00 \*

\$19534.00 \*



\$15985.00

20

\$28840.00

12



\$16660.00

29

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450187	TRINITY MEDICAL CENTER	700 MEDICAL PARKWAY
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450193	ST LUKES EPISCOPAL HOSPITAL	6720 BERTNER
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450193	ST LUKES EPISCOPAL HOSPITAL	6720 BERTNER
--------	-----------------------------	--------------

450193	ST LUKES EPISCOPAL HOSPITAL	6720 BERTNER
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450194	EAST TEXAS MEDICAL CENTER JACKSONVILLE	501 S RAGSDALE
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450196	PARIS REGIONAL MEDICAL CENTER	820 CLARKSVILLE ST
--------	-------------------------------	--------------------

450196	PARIS REGIONAL MEDICAL CENTER	820 CLARKSVILLE ST
--------	-------------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

BRENHAM	TX
---------	----

HOUSTON	TX
HOUSTON	TX

HOUSTON	TX
JACKSONVILLE	TX

PARIS	TX
PARIS	TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77833	WASHINGTON	9798366173
-------	------------	------------

77030	HARRIS	8323551000
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77030	HARRIS	8323551000
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77030	HARRIS	8323551000
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75766	CHEROKEE	9035415000
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75460	LAMAR	9037854521
-------	-------	------------

75460	LAMAR	9037854521
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18763.00 \*

\$958.00

21

\$26989.00 \*

\$18596.00

11

\$16926.00 \*

\$14737.00

11

\$18225.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

450200	WADLEY REGIONAL MEDICAL CENTER	1000 PINE STREET
450200	WADLEY REGIONAL MEDICAL CENTER	1000 PINE STREET
450209	NORTHWEST TEXAS HOSPITAL	1501 COULTER ROAD
450209	NORTHWEST TEXAS HOSPITAL	1501 COULTER ROAD
450209	NORTHWEST TEXAS HOSPITAL	1501 COULTER ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

TEXARKANA		TX
TEXARKANA		TX
AMARILLO		TX
AMARILLO		TX
AMARILLO		TX



# knee

Based on Hospital Medicare Payment And Volume Measures

75501	BOWIE	9037988000
-------	-------	------------

75501	BOWIE	9037988000
-------	-------	------------

79106	POTTER	8063541110
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79106	POTTER	8063541110
-------	--------	------------

79106	POTTER	8063541110
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$17817.00 *		
			\$14306.00 *		
			\$21354.00		32
			\$31304.00 *		
			\$17081.00 *		

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450211	MEMORIAL HEALTH SYSTEM OF EAST TEXAS- LUFKIN	1201 WEST FRANK STREET
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450211	MEMORIAL HEALTH SYSTEM OF EAST TEXAS- LUFKIN	1201 WEST FRANK STREET
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450213	UNIVERSITY HEALTH SYSTEM	4502 MEDICAL DR
--------	--------------------------	-----------------

450213	UNIVERSITY HEALTH SYSTEM	4502 MEDICAL DR
--------	--------------------------	-----------------

450214	GULF COAST MEDICAL CENTER	10141 US 59 NORTH
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# knee

Based on Hospital Medicare Payment And Volume Measures

LUFKIN TX

LUFKIN TX

SAN ANTONIO TX

SAN ANTONIO TX

WHARTON TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75901	ANGELINA	9366348111
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75901	ANGELINA	9366348111
-------	----------	------------

78229	BEXAR	2103582000
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78229	BEXAR	2103582000
-------	-------	------------

77488	WHARTON	9795322500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13210.00 \*

\$16515.00 \*

\$21649.00 \*

\$3601.00 \*

\$18763.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

450222

CONROE REGIONAL MEDICAL  
CENTER

504 MEDICAL CENTER BLVD

450222

CONROE REGIONAL MEDICAL  
CENTER

504 MEDICAL CENTER BLVD

450222

CONROE REGIONAL MEDICAL  
CENTER

504 MEDICAL CENTER BLVD

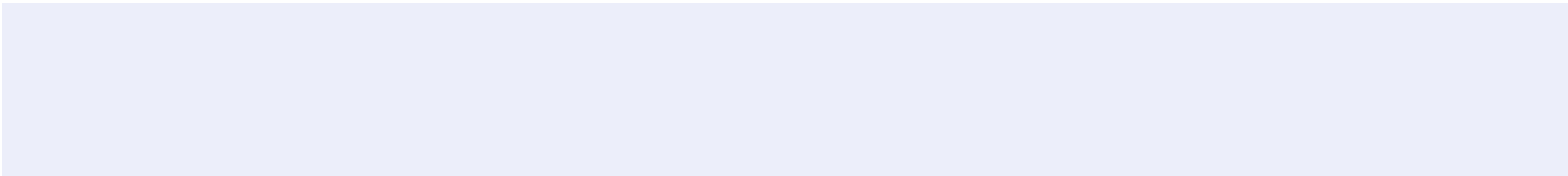
450229

HENDRICK MEDICAL CENTER

1900 PINE

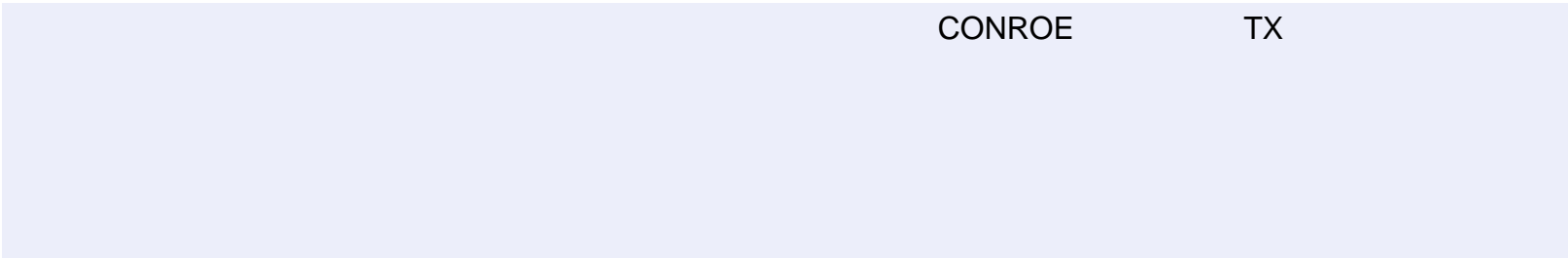
# knee

Based on Hospital Medicare Payment And Volume Measures



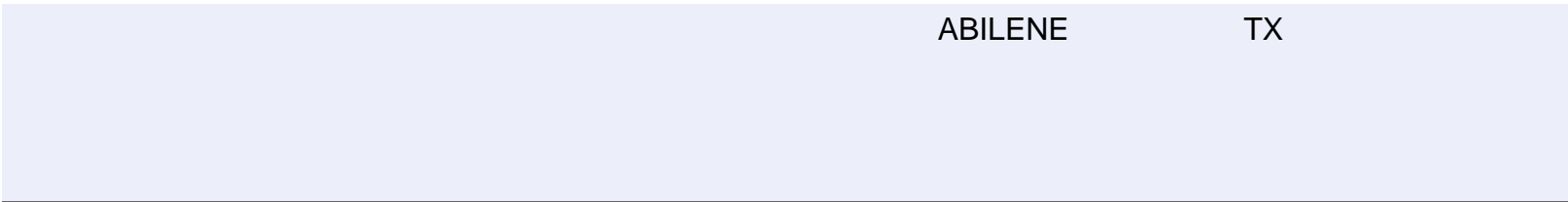
CONROE

TX



CONROE

TX



ABILENE

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77304

MONTGOMERY

9365391111

77304

MONTGOMERY

9365391111

77304

MONTGOMERY

9365391111

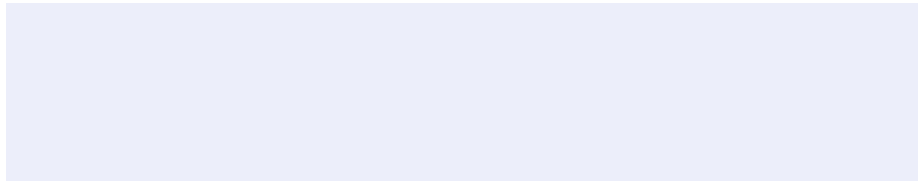
79601

TAYLOR

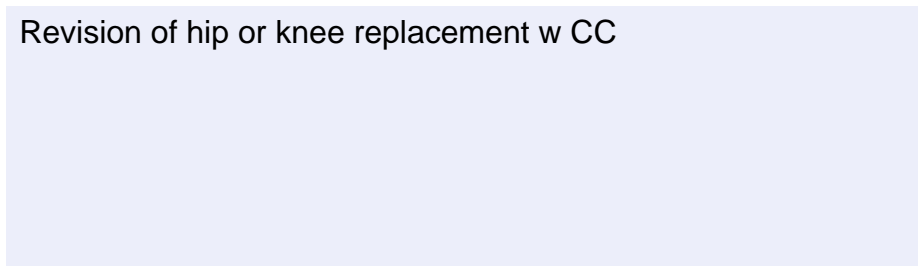
3256702000

# knee

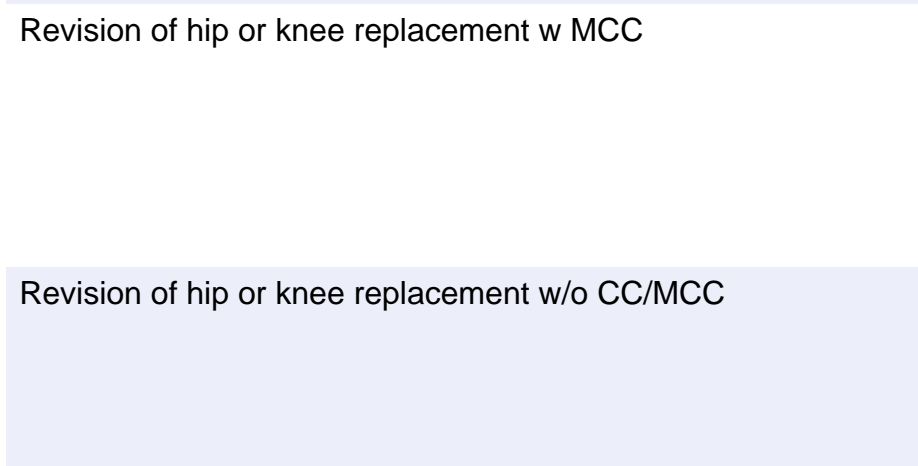
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15376.00 \*

\$19223.00 \*

\$28511.00 \*

\$13402.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the



# knee

Based on Hospital Medicare Payment And Volume Measures

450229	HENDRICK MEDICAL CENTER	1900 PINE
450229	HENDRICK MEDICAL CENTER	1900 PINE
450231	BAPTIST ST ANTHONYS HEALTH SYSTEM-BAPTIST CAMPUS	1600 WALLACE BLVD
450231	BAPTIST ST ANTHONYS HEALTH SYSTEM-BAPTIST CAMPUS	1600 WALLACE BLVD
450231	BAPTIST ST ANTHONYS HEALTH SYSTEM-BAPTIST CAMPUS	1600 WALLACE BLVD
450234	COMANCHE COUNTY MEDICAL CENTER	10201 HWY 16N
450234	COMANCHE COUNTY MEDICAL CENTER	10201 HWY 16N

# knee

Based on Hospital Medicare Payment And Volume Measures

ABILENE	TX
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ABILENE	TX
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AMARILLO	TX
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AMARILLO	TX
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AMARILLO	TX
----------	----

COMANCHE	TX
----------	----

COMANCHE	TX
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

79601	TAYLOR	3256702000
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79601	TAYLOR	3256702000
79106	POTTER	8062122000

79106	POTTER	8062122000
79106	POTTER	8062122000

76442	COMANCHE	2548794900
76442	COMANCHE	2548794900

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

knee

Based on Hospital Medicare Payment And Volume Measures

\$24732.00 \*

\$16755.00

14

\$16674.00

22

\$24501.00

14

\$13337.00

20

\$12005.00 \*

\$15008.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450235	MEMORIAL HOSPITAL	1110 NORTH SARAH DEWITT DRIVE
--------	-------------------	----------------------------------

450236	HOPKINS COUNTY MEMORIAL HOSPITAL	115 AIRPORT RD
--------	-------------------------------------	----------------

450237	CHRISTUS SANTA ROSA HOSPITAL	333 N SANTA ROSA STREET
--------	------------------------------	-------------------------

450237	CHRISTUS SANTA ROSA HOSPITAL	333 N SANTA ROSA STREET
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450237	CHRISTUS SANTA ROSA HOSPITAL	333 N SANTA ROSA STREET
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450271	WISE REGIONAL HEALTH SYSTEM	609 MEDICAL CENTER DRIVE
--------	-----------------------------	-----------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

GONZALES TX

SULPHUR  
SPRINGS TX

SAN ANTONIO TX

SAN ANTONIO TX

SAN ANTONIO TX

DECATUR TX



# knee

Based on Hospital Medicare Payment And Volume Measures

78629	GONZALES	8306727581
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75482	HOPKINS	9038857671
-------	---------	------------

78207	BEXAR	2107943336
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78207	BEXAR	2107943336
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78207	BEXAR	2107943336
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76234	WISE	9406275921
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26389.00 \*

\$13706.00 \*

\$30962.00 \*

\$20435.00 23

\$19072.00 13

\$17537.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

450272	CENTRAL TEXAS MEDICAL CENTER	1301 WONDER WORLD DRIVE
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450272	CENTRAL TEXAS MEDICAL CENTER	1301 WONDER WORLD DRIVE
--------	------------------------------	-------------------------

450280	BAYLOR MEDICAL CENTER AT GARLAND	2300 MARIE CURIE DRIVE
--------	----------------------------------	------------------------

450280	BAYLOR MEDICAL CENTER AT GARLAND	2300 MARIE CURIE DRIVE
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450289	HARRIS COUNTY HOSPITAL	2525 HOLLY HALL
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAN MARCOS TX

SAN MARCOS TX

GARLAND TX

GARLAND TX

HOUSTON TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78666

HAYS

5127533690

78666

HAYS

5127533690

75042

DALLAS

9724875000

75042

DALLAS

9724875000

77054

HARRIS

7135666417

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$19205.00 \*

\$15362.00 \*

\$14980.00 \*

\$15607.00 \*

\$13146.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## DISTRICT

450289	HARRIS COUNTY HOSPITAL DISTRICT	2525 HOLLY HALL
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450296	CLEVELAND REGIONAL MEDICAL CTR	300 E CROCKETT
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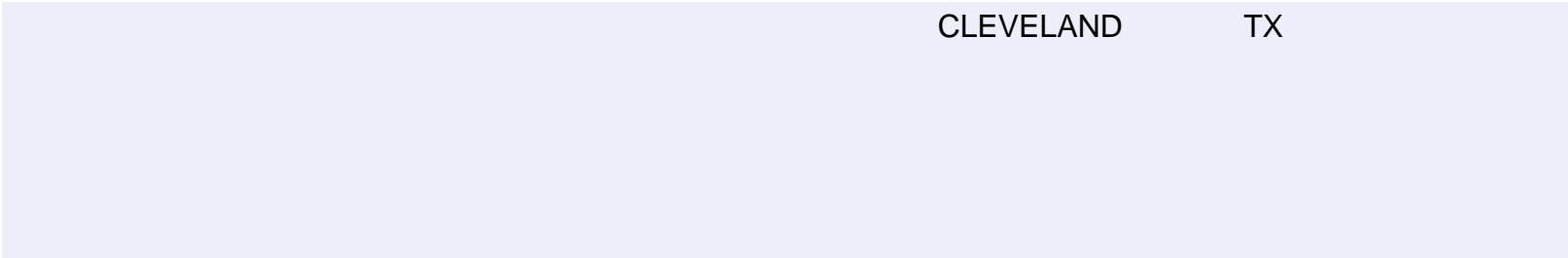
450296	CLEVELAND REGIONAL MEDICAL CTR	300 E CROCKETT
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450299	COLLEGE STATION MEDICAL CENTER	1604 ROCK PRAIRIE ROAD
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# knee

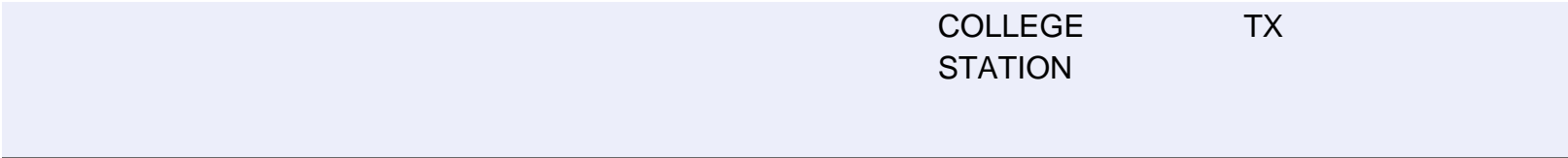
Based on Hospital Medicare Payment And Volume Measures

HOUSTON TX



CLEVELAND TX

CLEVELAND TX



COLLEGE  
STATION TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77054

HARRIS

7135666417

77327

LIBERTY

2815931811

77327

LIBERTY

2815931811

77842

BRAZOS

9797645151

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$41793.00 \*

\$17300.00 \*

\$106630.00 \*

\$18550.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal



# knee

Based on Hospital Medicare Payment And Volume Measures

450299	COLLEGE STATION MEDICAL CENTER	1604 ROCK PRAIRIE ROAD
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450299	COLLEGE STATION MEDICAL CENTER	1604 ROCK PRAIRIE ROAD
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450324	TEXOMA MEDICAL CENTER	5016 S US HIGHWAY 75
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450324	TEXOMA MEDICAL CENTER	5016 S US HIGHWAY 75
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# knee

Based on Hospital Medicare Payment And Volume Measures

COLLEGE STATION	TX
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COLLEGE STATION	TX
--------------------	----

DENISON	TX
---------	----

DENISON	TX
---------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

77842

BRAZOS

9797645151

77842

BRAZOS

9797645151

75020

GRAYSON

9034164000

75020

GRAYSON

9034164000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$28026.00 \*

\$15112.00 \*

\$15692.00 \*

\$12551.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

450340	SAN ANGELO COMMUNITY MEDICAL CENTER	3501 KNICKERBOCKER ROAD
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450340	SAN ANGELO COMMUNITY MEDICAL CENTER	3501 KNICKERBOCKER ROAD
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450346	MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL	3080 COLLEGE STREET
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450346	MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL	3080 COLLEGE STREET
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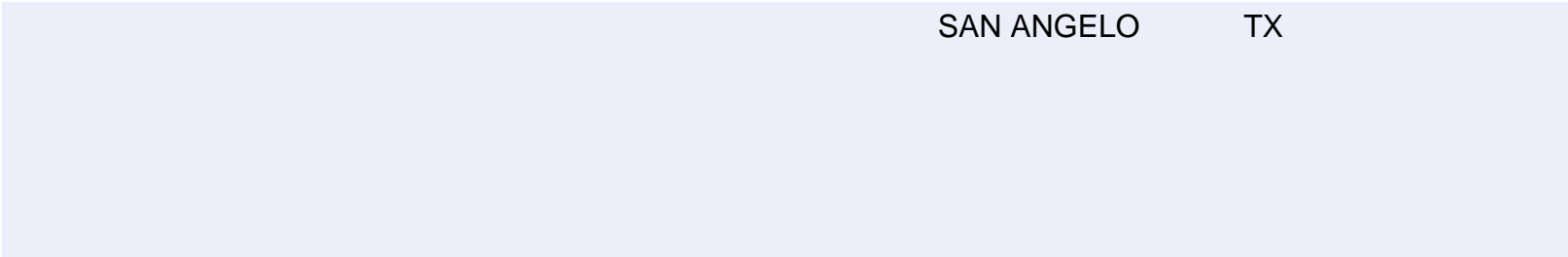
450346	MEMORIAL HERMANN BAPTIST	3080 COLLEGE STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures



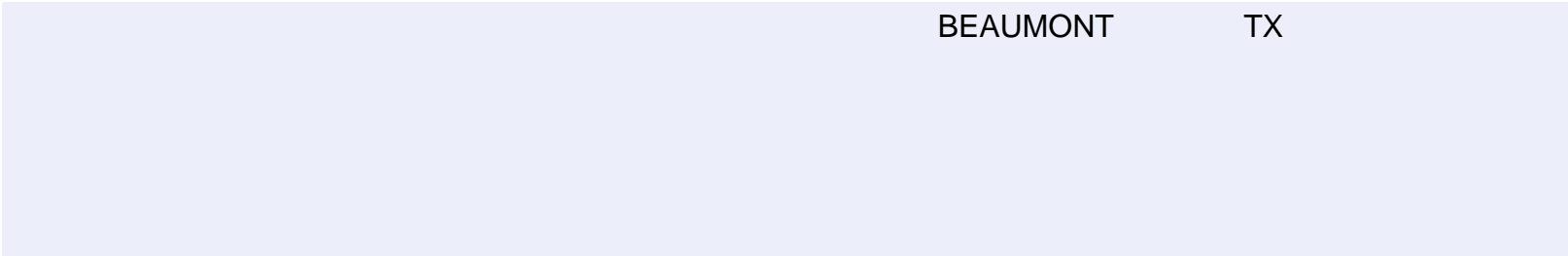
SAN ANGELO TX



SAN ANGELO TX



BEAUMONT TX



BEAUMONT TX



BEAUMONT TX



# knee

Based on Hospital Medicare Payment And Volume Measures

76904	TOM GREEN	3259499511
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76904	TOM GREEN	3259499511
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77701	JEFFERSON	4092125012
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77701	JEFFERSON	4092125012
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77701	JEFFERSON	4092125012
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14625.00 \*

\$18284.00 \*

\$27178.00 \*

\$18348.00 \*

\$14656.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## BEAUMONT HOSPITAL

450352 HUNT REGIONAL MEDICAL CENTER 4215 JOE RAMSEY BLVD

450352 HUNT REGIONAL MEDICAL CENTER 4215 JOE RAMSEY BLVD

450358 METHODIST HOSPITAL,THE 6565 FANNIN

450358 METHODIST HOSPITAL,THE 6565 FANNIN

450358 METHODIST HOSPITAL,THE 6565 FANNIN

450370 COLUMBUS COMMUNITY HOSPITAL 110 SHULT DR

# knee

Based on Hospital Medicare Payment And Volume Measures

GREENVILLE TX

GREENVILLE TX

HOUSTON TX

HOUSTON TX

HOUSTON TX

COLUMBUS TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75401	HUNT	9034085000
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75401	HUNT	9034085000
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77030	HARRIS	7137902221
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77030	HARRIS	7137902221
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77030	HARRIS	7137902221
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78934	COLORADO	9797322371
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15154.00 \*

\$18887.00 \*

\$28089.00 23

\$18938.00 168

\$15148.00 52

\$13033.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450370	COLUMBUS COMMUNITY HOSPITAL	110 SHULT DR
450379	DALLAS MEDICAL CENTER	7 MEDICAL PARKWAY
450388	METHODIST HOSPITAL	7700 FLOYD CURL DR
450388	METHODIST HOSPITAL	7700 FLOYD CURL DR
450388	METHODIST HOSPITAL	7700 FLOYD CURL DR
450389	EAST TEXAS MEDICAL CENTER ATHENS	2000 SOUTH PALESTINE

# knee

Based on Hospital Medicare Payment And Volume Measures

COLUMBUS	TX
----------	----

DALLAS	TX
--------	----

SAN ANTONIO	TX
-------------	----

SAN ANTONIO	TX
-------------	----

SAN ANTONIO	TX
-------------	----

ATHENS	TX
--------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

78934	COLORADO	9797322371
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75234	DALLAS	9722471000
-------	--------	------------

78229	BEXAR	2105754000
-------	-------	------------

78229	BEXAR	2105754000
-------	-------	------------

78229	BEXAR	2105754000
-------	-------	------------

75751	HENDERSON	9036761000
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16294.00 \*

\$27851.00 \*

\$26991.00 \*

\$19141.00 12

\$15310.00 20

\$15196.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450395	MEMORIAL MEDICAL CENTER LIVINGSTON	1717 HWY 59 BYPASS
450403	MEDICAL CENTER OF MCKINNEY	4500 MEDICAL CENTER DRIVE
450403	MEDICAL CENTER OF MCKINNEY	4500 MEDICAL CENTER DRIVE
450403	MEDICAL CENTER OF MCKINNEY	4500 MEDICAL CENTER DRIVE
450431	ST DAVIDS HOSPITAL	919 E 32ND ST
450431	ST DAVIDS HOSPITAL	919 E 32ND ST
450431	ST DAVIDS HOSPITAL	919 E 32ND ST
450438	COLORADO FAYETTE MEDICAL CENTER	400 YOUENS DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	LIVINGSTON	TX
	MCKINNEY	TX
	MCKINNEY	TX
	MCKINNEY	TX
	AUSTIN	TX
	AUSTIN	TX
	AUSTIN	TX
	WEIMAR	TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77351	POLK	9363274381
75069	COLLIN	9725478000
75069	COLLIN	9725478000
75069	COLLIN	9725478000
78705	TRAVIS	5124767111
78705	TRAVIS	5124767111
78705	TRAVIS	5124767111
78962	COLORADO	9797259531

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18763.00	11
	\$7745.00 *	
	\$25907.00	12
	\$17826.00	13
	\$16677.00	11
	\$20850.00	32
	\$30925.00 *	
	\$16056.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450447	NAVARRO REGIONAL HOSPITAL	3201 WEST HIGHWAY 22
450451	GLEN ROSE MEDICAL CENTER	1021 HOLDEN STREET
450462	TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	8200 WALNUT HILL LANE
450462	TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	8200 WALNUT HILL LANE
450462	TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	8200 WALNUT HILL LANE
450469	TEXAS HEALTH PRESBYTERIAN HOSPITAL-WNJ	500 N HIGHLAND AVENUE
450469	TEXAS HEALTH PRESBYTERIAN	500 N HIGHLAND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CORSICANA TX

GLEN ROSE TX

DALLAS TX

DALLAS TX

DALLAS TX

SHERMAN TX

SHERMAN TX



# knee

Based on Hospital Medicare Payment And Volume Measures

75110	NAVARRO	9036546800
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76043	SOMERVELL	2548972215
-------	-----------	------------

75231	DALLAS	2143456789
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75231	DALLAS	2143456789
-------	--------	------------

75231	DALLAS	2143456789
-------	--------	------------

75091	GRAYSON	9038704611
-------	---------	------------

75091	GRAYSON	9038704611
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17292.00 \*

\$12462.00 \*

\$15350.00

53

\$19191.00

61

\$28464.00

12

\$14159.00 \*

\$23773.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## HOSPITAL-WNJ

450469	TEXAS HEALTH PRESBYTERIAN HOSPITAL-WNJ	500 N HIGHLAND AVENUE
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450475	ETMC HENDERSON	300 WILSON STREET
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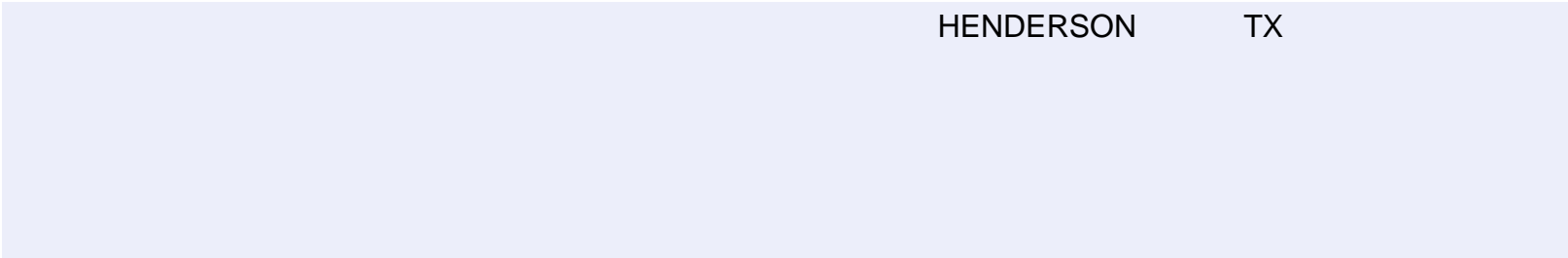
450475	ETMC HENDERSON	300 WILSON STREET
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450484	WOODLAND HEIGHTS MEDICAL CENTER	505 SOUTH JOHN REDDITT DRIVE
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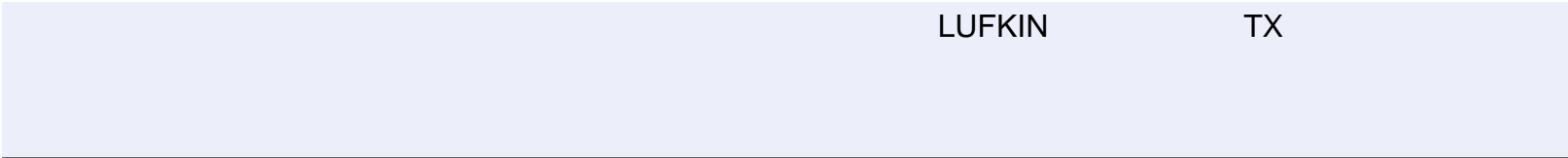
# knee

Based on Hospital Medicare Payment And Volume Measures

SHERMAN TX



HENDERSON TX



# knee

Based on Hospital Medicare Payment And Volume Measures

75091

GRAYSON

9038704611

75652

RUSK

9036577541

75652

RUSK

9036577541

75904

ANGELINA

9366348311

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17702.00 \*

\$17317.00 \*

\$13852.00 \*

\$13019.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450484	WOODLAND HEIGHTS MEDICAL CENTER	505 SOUTH JOHN REDDITT DRIVE
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450508	MEMORIAL HOSPITAL	1204 MOUND ST
--------	-------------------	---------------

450508	MEMORIAL HOSPITAL	1204 MOUND ST
--------	-------------------	---------------

450518	THE MEDICAL CENTER OF SOUTHEAST TEXAS	2555 JIMMY JOHNSON BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

LUFKIN TX

NACOGDOCHES TX

NACOGDOCHES TX

PORT ARTHUR TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75904	ANGELINA	9366348311
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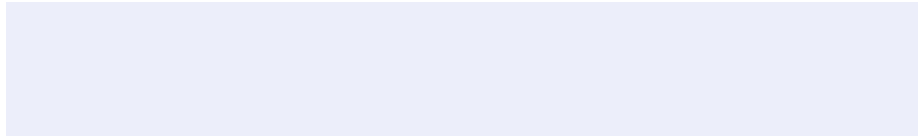
75961	NACOGDOCHES	9365644611
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75961	NACOGDOCHES	9365644611
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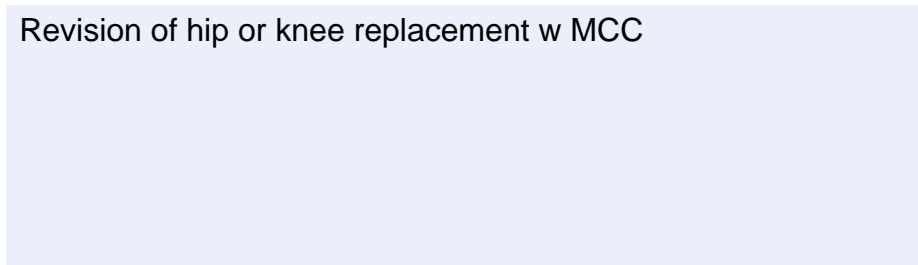
77640	JEFFERSON	4098535900
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# knee

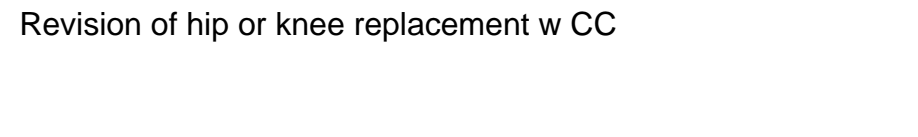
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16277.00 \*

\$24993.00 \*

\$17533.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450518	THE MEDICAL CENTER OF SOUTHEAST TEXAS	2555 JIMMY JOHNSON BLVD
450530	MAINLAND MEDICAL CENTER	6801 EMMETT LOWRY EXPRESSWAY
450530	MAINLAND MEDICAL CENTER	6801 EMMETT LOWRY EXPRESSWAY
450530	MAINLAND MEDICAL CENTER	6801 EMMETT LOWRY EXPRESSWAY
450537	METHODIST RICHARDSON MEDICAL	401 W CAMPBELL RD

# knee

Based on Hospital Medicare Payment And Volume Measures

PORT ARTHUR TX

TEXAS CITY TX

TEXAS CITY TX

TEXAS CITY TX

RICHARDSON TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77640

JEFFERSON

4098535900

77591

GALVESTON

4099385000

77591

GALVESTON

4099385000

77591

GALVESTON

4099385000

75080

DALLAS

9724984000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14393.00 \*

\$14805.00 \*

\$18549.00 \*

\$18509.00 \*

\$11219.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

450563	BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE	1650 W COLLEGE ST
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450563	BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE	1650 W COLLEGE ST
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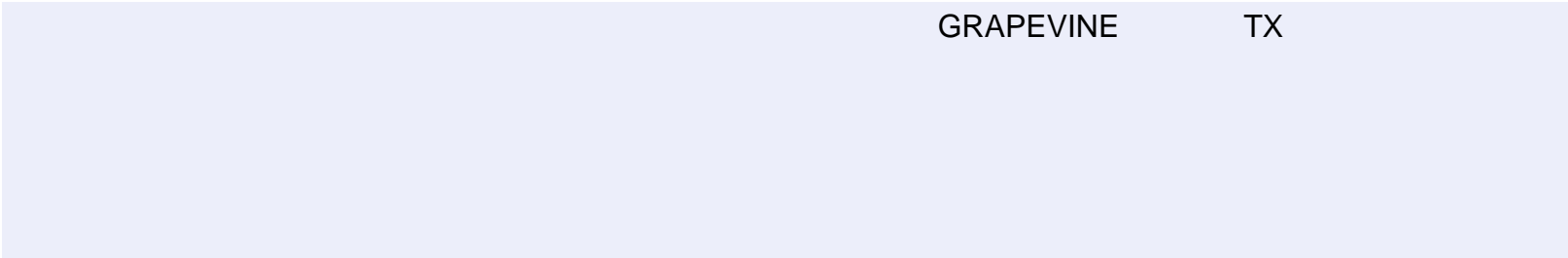
450563	BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE	1650 W COLLEGE ST
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450571	SHANNON MEDICAL CENTER	120 EAST HARRIS AVENUE
--------	------------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

GRAPEVINE TX



GRAPEVINE TX





# knee

Based on Hospital Medicare Payment And Volume Measures

76051

TARRANT

8174811588

76051

TARRANT

8174811588

76051

TARRANT

8174811588

76903

TOM GREEN

3256536741

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24284.00 \*

\$16827.00 \*

\$13459.00 \*

\$17159.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450571	SHANNON MEDICAL CENTER	120 EAST HARRIS AVENUE
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450571	SHANNON MEDICAL CENTER	120 EAST HARRIS AVENUE
--------	------------------------	------------------------

450587	BROWNWOOD REGIONAL MEDICAL CENTER	1501 BURNET DR
--------	--------------------------------------	----------------

450587	BROWNWOOD REGIONAL MEDICAL CENTER	1501 BURNET DR
--------	--------------------------------------	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN ANGELO TX

SAN ANGELO TX

BROWNWOOD TX

BROWNWOOD TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76903

TOM GREEN

3256536741

76903

TOM GREEN

3256536741

76801

BROWN

3256468541

76801

BROWN

3256468541

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25450.00 \*

\$13725.00 \*

\$13210.00 \*

\$15180.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450591	ANGLETON-DANBURY MEDICAL CENTER	132 HOSPITAL DR
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450591	ANGLETON-DANBURY MEDICAL CENTER	132 HOSPITAL DR
--------	------------------------------------	-----------------

450596	LAKE GRANBURY MEDICAL CENTER	1310 PALUXY RD
--------	------------------------------	----------------

450596	LAKE GRANBURY MEDICAL CENTER	1310 PALUXY RD
--------	------------------------------	----------------

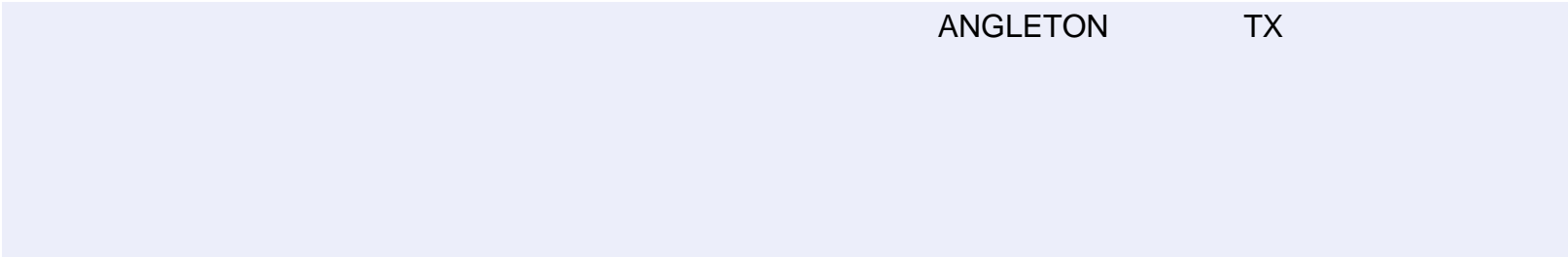
450596	LAKE GRANBURY MEDICAL CENTER	1310 PALUXY RD
--------	------------------------------	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

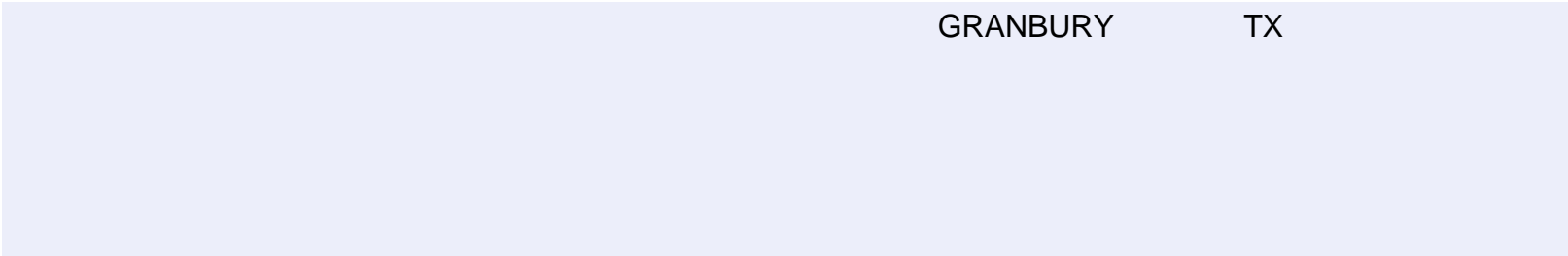


ANGLETON TX



ANGLETON TX

GRANBURY TX



GRANBURY TX

GRANBURY TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77515

BRAZORIA

9798497721

77515

BRAZORIA

9798497721

76048

HOOD

8175732683

76048

HOOD

8175732683

76048

HOOD

8175732683

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18551.00 \*

\$15008.00 \*

\$14555.00 \*

\$18131.00 \*

\$27058.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450604	HILL COUNTRY MEMORIAL HOSPITAL INC	1020 SOUTH STATE HIGHWAY 16
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450604	HILL COUNTRY MEMORIAL HOSPITAL INC	1020 SOUTH STATE HIGHWAY 16
--------	---------------------------------------	--------------------------------

450610	MEMORIAL HERMANN MEMORIAL CITY MEDICAL CENTER	921 GESSNER
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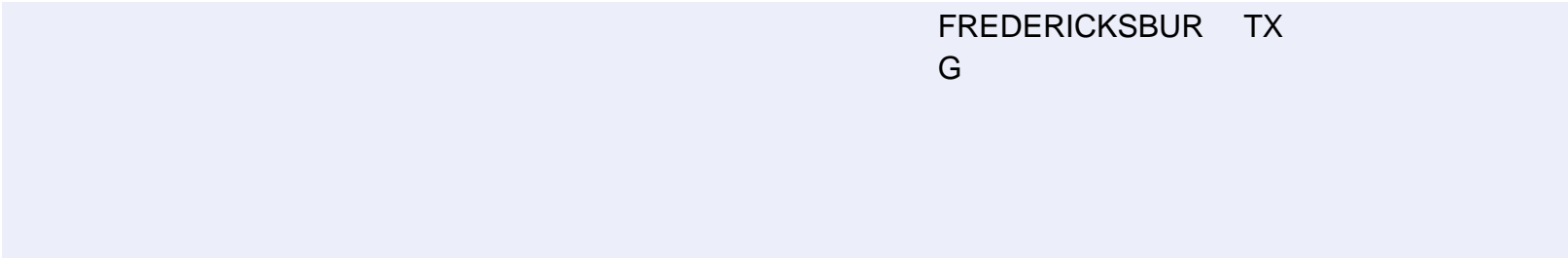
450610	MEMORIAL HERMANN MEMORIAL CITY MEDICAL CENTER	921 GESSNER
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450610	MEMORIAL HERMANN MEMORIAL	921 GESSNER
--------	---------------------------	-------------

# knee

Based on Hospital Medicare Payment And Volume Measures

FREDERICKSBUR TX  
G



HOUSTON TX



HOUSTON TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78624

GILLESPIE

8309974353

78624

GILLESPIE

8309974353

77024

HARRIS

7132423000

77024

HARRIS

7132423000

77024

HARRIS

7132423000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CITY MEDICAL CENTER

450630	SPRING BRANCH MEDICAL CENTER	8850 LONG POINT ROAD
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450630	SPRING BRANCH MEDICAL CENTER	8850 LONG POINT ROAD
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450630	SPRING BRANCH MEDICAL CENTER	8850 LONG POINT ROAD
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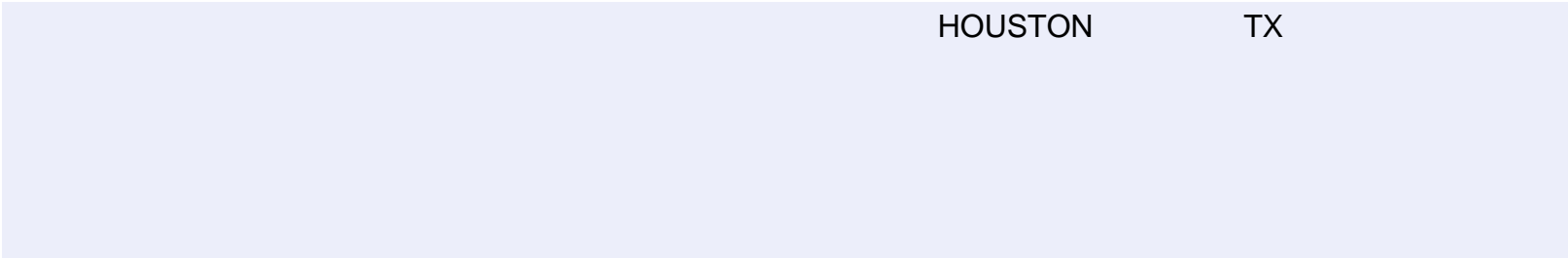
450638	HOUSTON NORTHWEST MEDICAL CENTER	710 FM 1960 WEST
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450638	HOUSTON NORTHWEST MEDICAL	710 FM 1960 WEST
--------	---------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HOUSTON TX



HOUSTON TX

HOUSTON TX



HOUSTON TX

HOUSTON TX



# knee

Based on Hospital Medicare Payment And Volume Measures

77055

HARRIS

7134676555

77055

HARRIS

7134676555

77055

HARRIS

7134676555

77090

HARRIS

2814401000

77090

HARRIS

2814401000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14342.00 \*

\$14107.00 \*

\$17641.00 \*

\$18794.00

13

\$28091.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

450639	TEXAS HEALTH HARRIS METHODIST HURST-EULESS-BEDFORD	1600 HOSPITAL PARKWAY
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450639	TEXAS HEALTH HARRIS METHODIST HURST-EULESS-BEDFORD	1600 HOSPITAL PARKWAY
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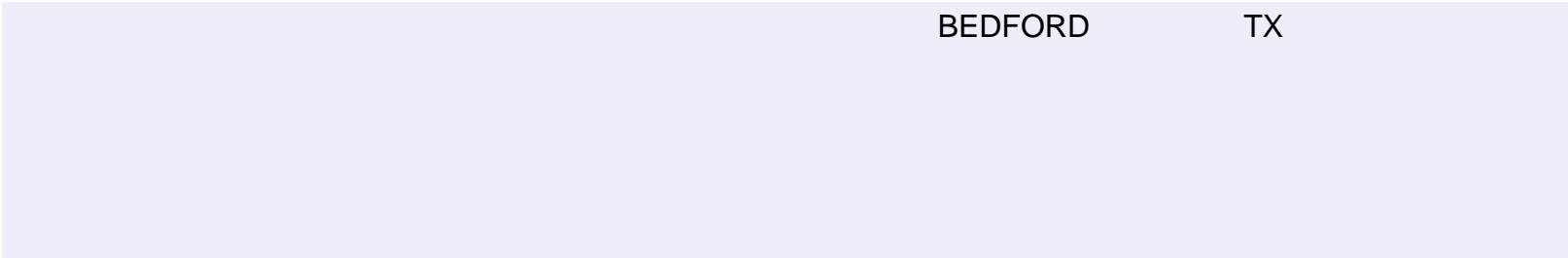
450639	TEXAS HEALTH HARRIS METHODIST HURST-EULESS-BEDFORD	1600 HOSPITAL PARKWAY
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450643	DOCTORS HOSPITAL OF LAREDO	10700 MCPHERSON ROAD
--------	----------------------------	----------------------

# knee

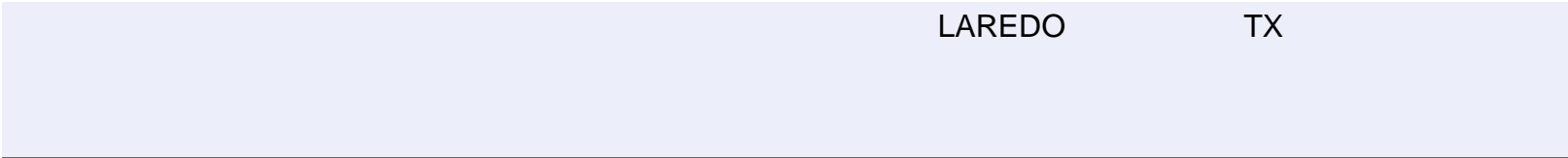
Based on Hospital Medicare Payment And Volume Measures

BEDFORD TX



BEDFORD TX

BEDFORD TX



LAREDO TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76022

TARRANT

8176854000

76022

TARRANT

8176854000

76022

TARRANT

8176854000

78041

WEBB

9565232000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25575.00 \*

\$17292.00 \*

\$1068.00 \*

\$18419.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450643	DOCTORS HOSPITAL OF LAREDO	10700 MCPHERSON ROAD
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450644	WEST HOUSTON MEDICAL CENTER	12141 RICHMOND AVE
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450644	WEST HOUSTON MEDICAL CENTER	12141 RICHMOND AVE
--------	-----------------------------	--------------------

450647	MEDICAL CITY DALLAS HOSPITAL	7777 FOREST LANE
--------	------------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LAREDO

TX

HOUSTON

TX

HOUSTON

TX

DALLAS

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78041	WEBB	9565232000
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77082	HARRIS	2815888080
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77082	HARRIS	2815888080
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75230	DALLAS	9725666222
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18649.00 \*

\$20902.00 \*

\$8513.00 \*

\$14671.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450647	MEDICAL CITY DALLAS HOSPITAL	7777 FOREST LANE
450647	MEDICAL CITY DALLAS HOSPITAL	7777 FOREST LANE
450653	SCENIC MOUNTAIN MEDICAL CENTER	1601 W 11TH PLACE
450653	SCENIC MOUNTAIN MEDICAL CENTER	1601 W 11TH PLACE
450656	NACOGDOCHES MEDICAL CENTER	4920 NE STALLINGS DRIVE
450656	NACOGDOCHES MEDICAL CENTER	4920 NE STALLINGS DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

DALLAS	TX
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DALLAS	TX
--------	----

BIG SPRING	TX
------------	----

BIG SPRING	TX
------------	----

NACOGDOCHES	TX
-------------	----

NACOGDOCHES	TX
-------------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

75230	DALLAS	9725666222
75230	DALLAS	9725666222
79720	HOWARD	4322631211

79720	HOWARD	4322631211
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75961	NACOGDOCHES	9365699481
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75961	NACOGDOCHES	9365699481
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18342.00	43
	\$8763.00	14
	\$13360.00	*

	\$16702.00	*
	\$13198.00	*

	\$16872.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450659	PARK PLAZA HOSPITAL	1313 HERMANN DR
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450659	PARK PLAZA HOSPITAL	1313 HERMANN DR
--------	---------------------	-----------------

450661	ODESSA REGIONAL HOSPITAL	520 E 6TH STREET
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450661	ODESSA REGIONAL HOSPITAL	520 E 6TH STREET
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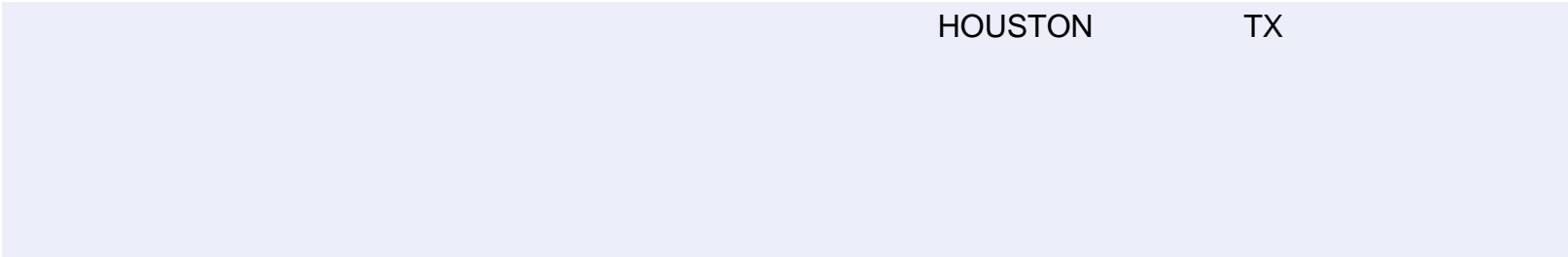
450661	ODESSA REGIONAL HOSPITAL	520 E 6TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

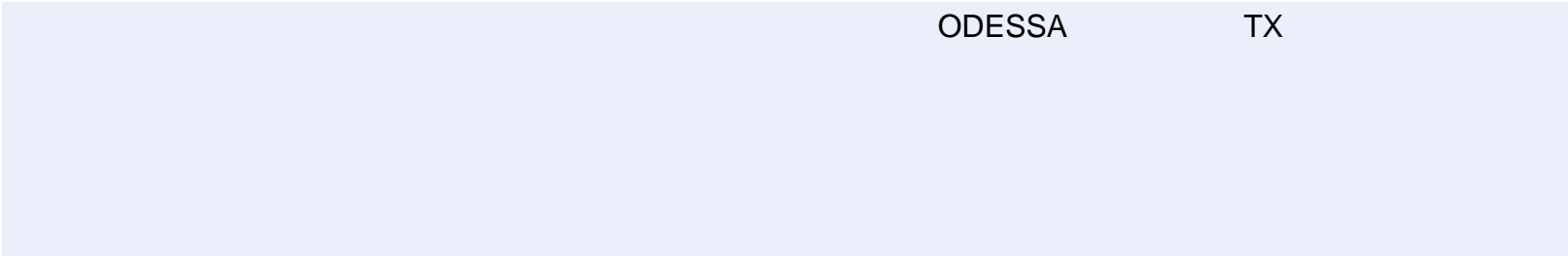


HOUSTON TX



HOUSTON TX

ODESSA TX



ODESSA TX

ODESSA TX



# knee

Based on Hospital Medicare Payment And Volume Measures

77004	HARRIS	7135275019
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77004	HARRIS	7135275019
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79761	ECTOR	4325828340
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79761	ECTOR	4325828340
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79761	ECTOR	4325828340
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$20182.00 \*

\$16143.00 \*

\$20095.00 \*

\$23709.00 \*

\$20142.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450662	VALLEY REGIONAL MEDICAL CENTER	100 A ALTON GLOOR
--------	--------------------------------	-------------------

450662	VALLEY REGIONAL MEDICAL CENTER	100 A ALTON GLOOR
--------	--------------------------------	-------------------

450662	VALLEY REGIONAL MEDICAL CENTER	100 A ALTON GLOOR
--------	--------------------------------	-------------------

450668	SIERRA MEDICAL CENTER	1625 MEDICAL CENTER DR
450668	SIERRA MEDICAL CENTER	1625 MEDICAL CENTER DR
450668	SIERRA MEDICAL CENTER	1625 MEDICAL CENTER DR

# knee

Based on Hospital Medicare Payment And Volume Measures

BROWNSVILLE TX

BROWNSVILLE TX

BROWNSVILLE TX

EL PASO TX

EL PASO TX

EL PASO TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78526	CAMERON	9563507000
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78526	CAMERON	9563507000
-------	---------	------------

78526	CAMERON	9563507000
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79902	EL PASO	9157474000
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79902	EL PASO	9157474000
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79902	EL PASO	9157474000
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$35341.00	*
	\$23943.00	*
	\$19152.00	*
	\$14952.00	17
	\$18699.00	14
	\$27600.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450669	MEDICAL CENTER OF LEWISVILLE	500 WEST MAIN STREET
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450670	TOMBALL REGIONAL HOSPITAL	605 HOLDERRIETH
--------	---------------------------	-----------------

450670	TOMBALL REGIONAL HOSPITAL	605 HOLDERRIETH
--------	---------------------------	-----------------

450670	TOMBALL REGIONAL HOSPITAL	605 HOLDERRIETH
--------	---------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LEWISVILLE TX

TOMBALL TX

TOMBALL TX

TOMBALL TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75057

DENTON

9724201000

77375

HARRIS

2813511623

77375

HARRIS

2813511623

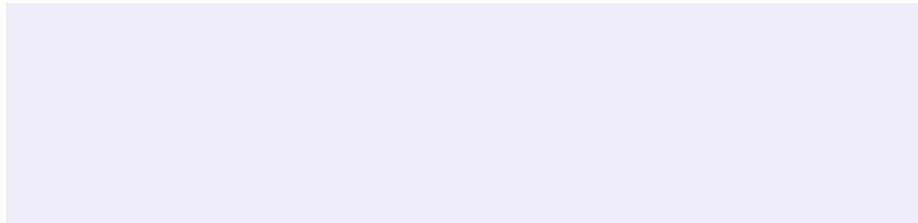
77375

HARRIS

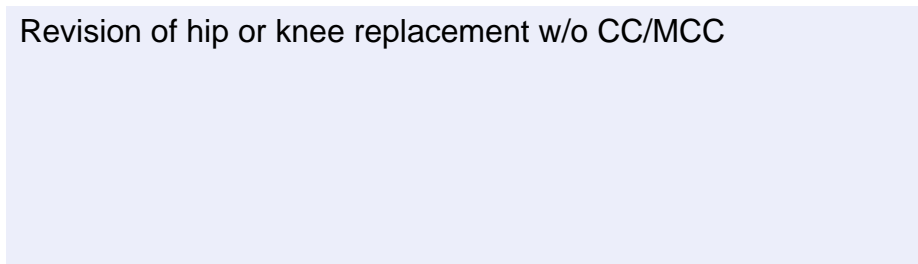
2813511623

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



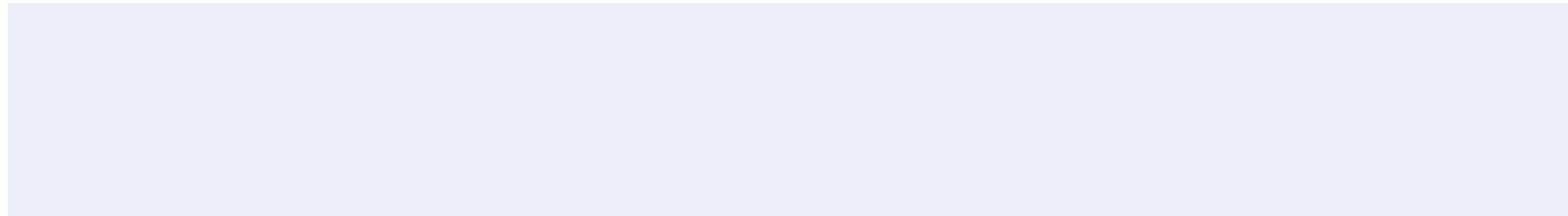
Revision of hip or knee replacement w CC



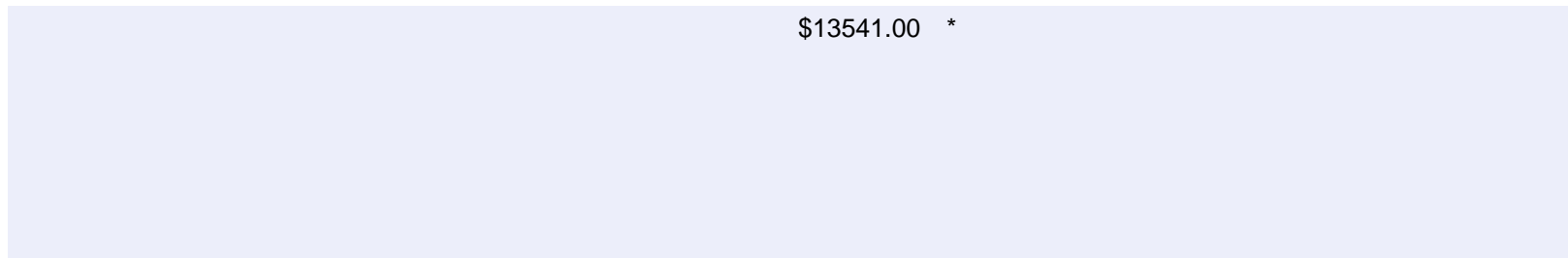
Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$14904.00 \*



\$13541.00 \*



\$25110.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450672	PLAZA MEDICAL CENTER OF FORT WORTH	900 EIGHTH AVENUE
450672	PLAZA MEDICAL CENTER OF FORT WORTH	900 EIGHTH AVENUE
450672	PLAZA MEDICAL CENTER OF FORT WORTH	900 EIGHTH AVENUE
450675	MEDICAL CENTER OF ARLINGTON	3301 MATLOCK ROAD
450675	MEDICAL CENTER OF ARLINGTON	3301 MATLOCK ROAD
450677	HUGULEY HEALTH SYSTEM	11801 SOUTH FREEWAY

# knee

Based on Hospital Medicare Payment And Volume Measures

FORT WORTH TX

FORT WORTH TX

FORT WORTH TX

ARLINGTON TX

ARLINGTON TX

FORT WORTH TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76104	TARRANT	8173362100
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76104	TARRANT	8173362100
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76104	TARRANT	8173362100
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76015	TARRANT	8174653241
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76015	TARRANT	8174653241
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76115	TARRANT	8172939110
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$29189.00	19
	\$19680.00	46
	\$15741.00	78
	\$20203.00 *	
	\$27300.00 *	
	\$18459.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
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health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

450677	HUGULEY HEALTH SYSTEM	11801 SOUTH FREEWAY
450678	DOCTORS HOSPITAL	9440 POPPY DR
450678	DOCTORS HOSPITAL	9440 POPPY DR
450678	DOCTORS HOSPITAL	9440 POPPY DR
450686	UNIVERSITY MEDICAL CENTER	602 INDIANA AVENUE
450686	UNIVERSITY MEDICAL CENTER	602 INDIANA AVENUE
450686	UNIVERSITY MEDICAL CENTER	602 INDIANA AVENUE
450688	DALLAS REGIONAL MEDICAL CENTER	1011 NORTH GALLOWAY AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

FORT WORTH	TX
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DALLAS	TX
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DALLAS	TX
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DALLAS	TX
--------	----

LUBBOCK	TX
---------	----

LUBBOCK	TX
---------	----

LUBBOCK	TX
---------	----

MESQUITE	TX
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# knee

Based on Hospital Medicare Payment And Volume Measures

76115	TARRANT	8172939110
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75218	DALLAS	2143246100
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75218	DALLAS	2143246100
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75218	DALLAS	2143246100
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79415	LUBBOCK	8067758200
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79415	LUBBOCK	8067758200
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79415	LUBBOCK	8067758200
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75149	DALLAS	2143207000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14874.00 *		
\$14410.00		12
\$18020.00		17
\$26727.00 *		
\$33002.00 *		
\$22250.00		34
\$17797.00		11
\$16748.00 *		

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450688

DALLAS REGIONAL MEDICAL  
CENTER

1011 NORTH GALLOWAY  
AVENUE

450688

DALLAS REGIONAL MEDICAL  
CENTER

1011 NORTH GALLOWAY  
AVENUE

450697

SOUTHWEST GENERAL HOSPITAL

7400 BARLITE BLVD

450697

SOUTHWEST GENERAL HOSPITAL

7400 BARLITE BLVD

# knee

Based on Hospital Medicare Payment And Volume Measures

MESQUITE TX

MESQUITE TX

SAN ANTONIO TX

SAN ANTONIO TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75149

DALLAS

2143207000

75149

DALLAS

2143207000

78224

BEXAR

2109212000

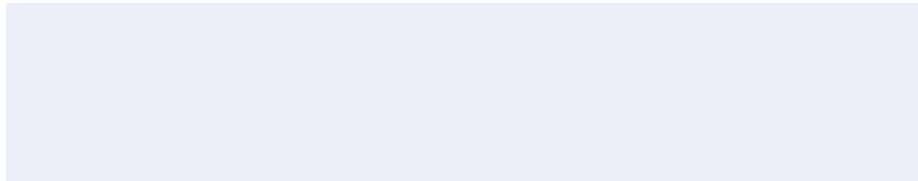
78224

BEXAR

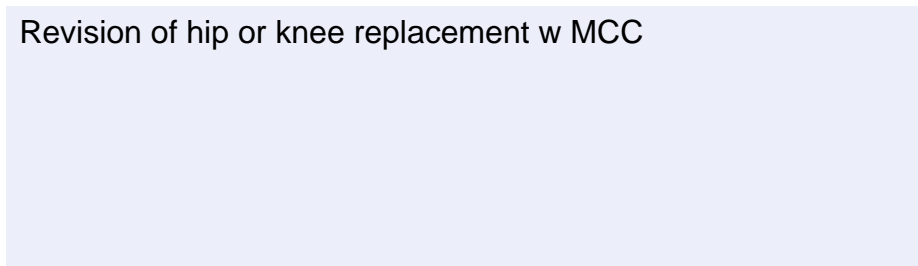
2109212000

# knee

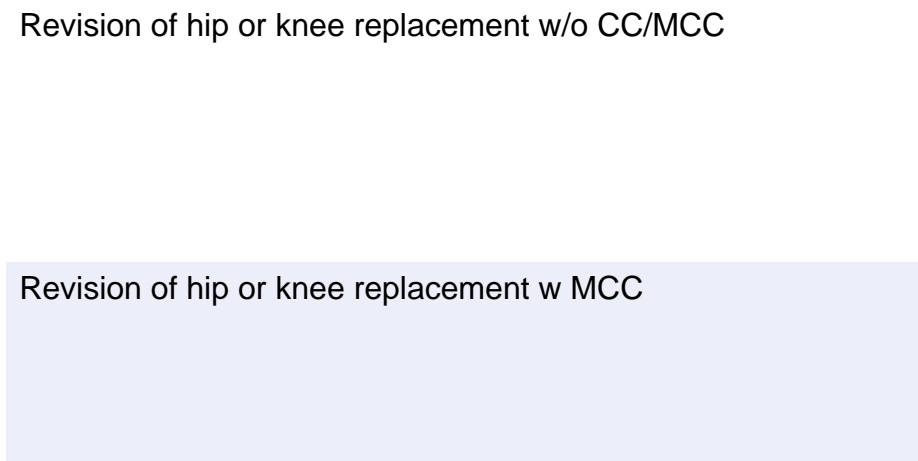
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

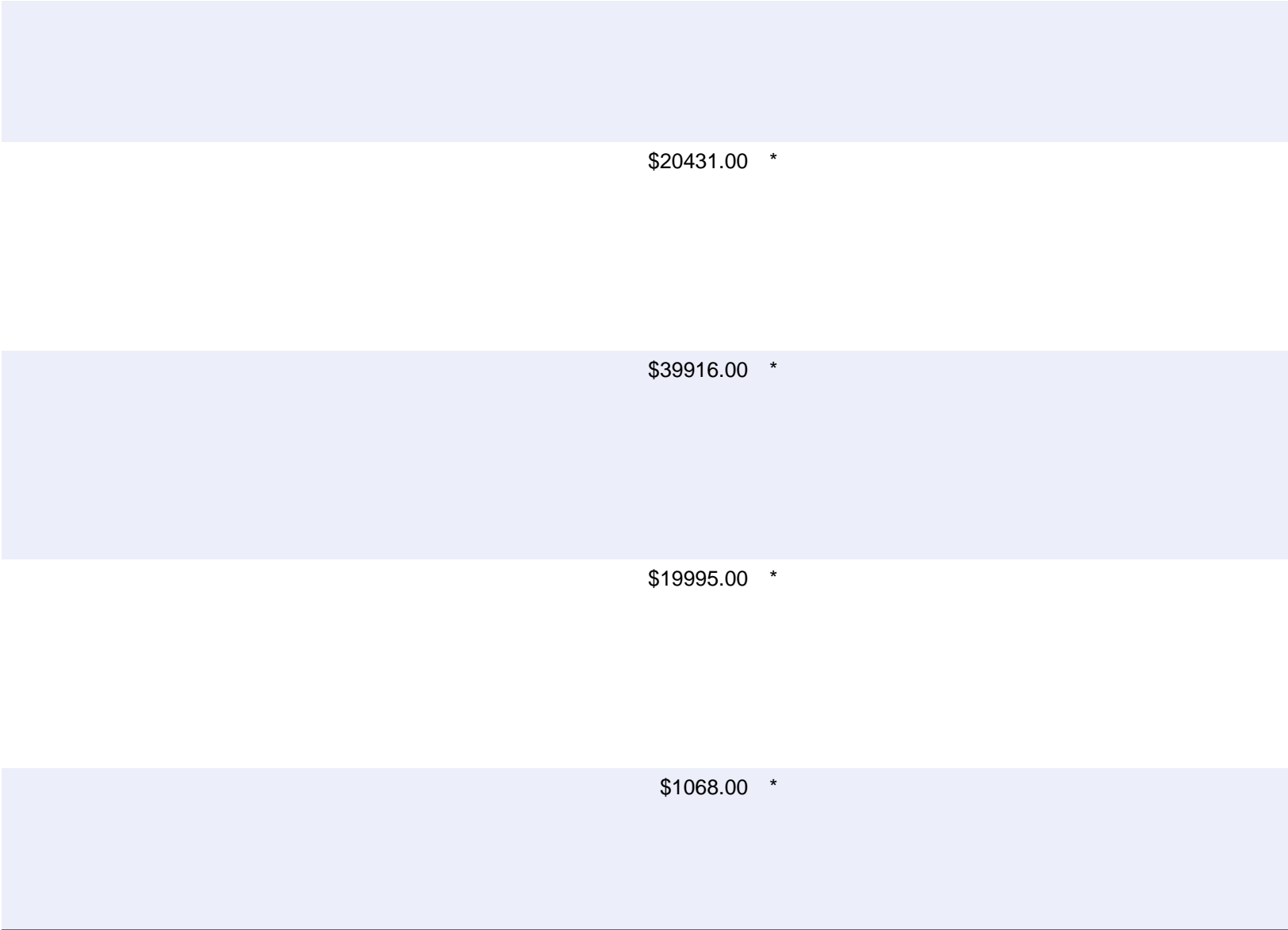


Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures



Category	Value
Category 1	\$20431.00 *
Category 2	\$39916.00 *
Category 3	\$1068.00 *

\$20431.00 \*

\$39916.00 \*

\$19995.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450697	SOUTHWEST GENERAL HOSPITAL	7400 BARLITE BLVD
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450702	LONGVIEW REGIONAL MEDICAL CENTER	2901 N FOURTH ST
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450702	LONGVIEW REGIONAL MEDICAL CENTER	2901 N FOURTH ST
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450709	CHRISTUS ST JOHN HOSPITAL	18300 ST JOHN DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SAN ANTONIO TX

LONGVIEW TX

LONGVIEW TX

NASSAU BAY TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78224

BEXAR

2109212000

75605

GREGG

9037581818

75605

GREGG

9037581818

77058

HARRIS

2813335503

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24997.00 \*

\$17487.00 \*

\$14290.00 \*

\$13524.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450709	CHRISTUS ST JOHN HOSPITAL	18300 ST JOHN DRIVE
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450711	RIO GRANDE REGIONAL HOSPITAL	101 E RIDGE RD
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450711	RIO GRANDE REGIONAL HOSPITAL	101 E RIDGE RD
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450711	RIO GRANDE REGIONAL HOSPITAL	101 E RIDGE RD
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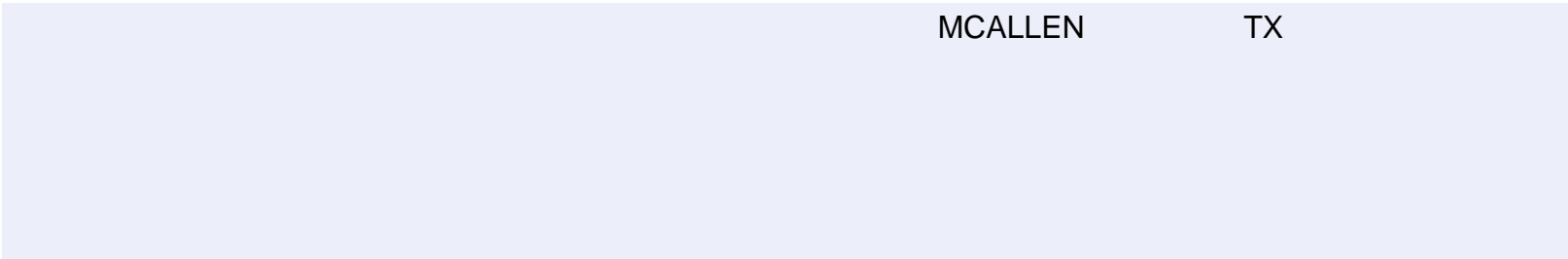
450713	ST DAVID'S SOUTH AUSTIN MEDICAL CENTER	901 WEST BEN WHITE BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

NASSAU BAY TX

MCALLEN TX



MCALLEN TX



# knee

Based on Hospital Medicare Payment And Volume Measures

77058	HARRIS	2813335503
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78503	HIDALGO	9566326000
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78503	HIDALGO	9566326000
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78503	HIDALGO	9566326000
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78704	TRAVIS	5124487107
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16907.00 \*

\$23372.00 \*

\$27857.00 \*

\$18694.00 \*

\$14134.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450713	ST DAVID'S SOUTH AUSTIN MEDICAL CENTER	901 WEST BEN WHITE BLVD
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450713	ST DAVID'S SOUTH AUSTIN MEDICAL CENTER	901 WEST BEN WHITE BLVD
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450716	CYPRESS FAIRBANKS MEDICAL CENTER	10655 STEEPLETOP DRIVE
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450718	ROUND ROCK MEDICAL CENTER	2400 ROUND ROCK AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN

TX

AUSTIN

TX

HOUSTON

TX

ROUND ROCK

TX



# knee

Based on Hospital Medicare Payment And Volume Measures

78704

TRAVIS

5124487107

78704

TRAVIS

5124487107

77065

HARRIS

2818904285

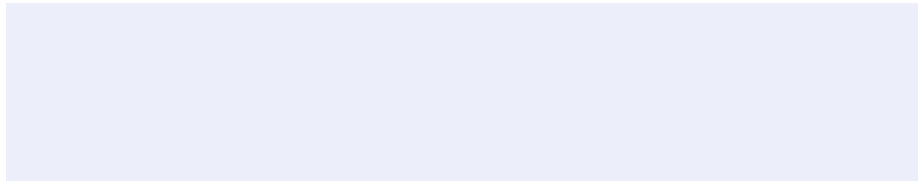
78681

WILLIAMSON

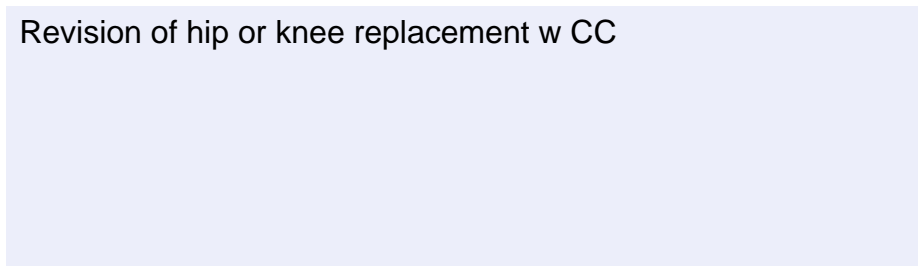
5123411000

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23858.00 \*

\$17671.00 \*

\$29664.00 \*

\$17167.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450718	ROUND ROCK MEDICAL CENTER	2400 ROUND ROCK AVE
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450718	ROUND ROCK MEDICAL CENTER	2400 ROUND ROCK AVE
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450723	METHODIST CHARLTON MEDICAL CENTER	3500 W WHEATLAND ROAD
--------	--------------------------------------	-----------------------

450742	LAKE POINTE MEDICAL CENTER	6800 SCENIC DR
--------	----------------------------	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ROUND ROCK TX

ROUND ROCK TX

DALLAS TX

ROWLETT TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78681

WILLIAMSON

5123411000

78681

WILLIAMSON

5123411000

75237

DALLAS

2149477777

75088

DALLAS

9724122273

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23273.00 \*

\$20625.00 \*

\$335.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450742	LAKE POINTE MEDICAL CENTER	6800 SCENIC DR
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450743	TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON	3000 N I-35
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450743	TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON	3000 N I-35
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450747	PALESTINE REGIONAL MEDICAL CENTER	2900 S LOOP 256
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450747	PALESTINE REGIONAL MEDICAL CENTER	2900 S LOOP 256
--------	--------------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ROWLETT TX

DENTON TX

DENTON TX

PALESTINE TX

PALESTINE TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75088

DALLAS

9724122273

76201

DENTON

9408987000

76201

DENTON

9408987000

75801

ANDERSON

9037311000

75801

ANDERSON

9037311000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14271.00 \*

\$14776.00 \*

\$16873.00 \*

\$15496.00 \*

\$14873.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450771	TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO	6200 W PARKER RD
450771	TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO	6200 W PARKER RD
450771	TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO	6200 W PARKER RD
450775	KINGWOOD MEDICAL CENTER	22999 US HWY 59
450779	TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST F	6100 HARRIS PKWY

# knee

Based on Hospital Medicare Payment And Volume Measures

PLANO

TX

PLANO

TX

PLANO

TX

KINGWOOD

TX

FORT WORTH

TX

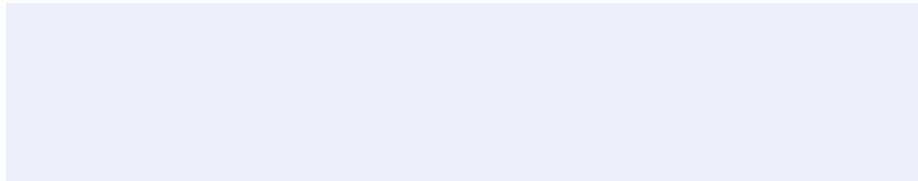
# knee

Based on Hospital Medicare Payment And Volume Measures

75093	COLLIN	9729818000
75093	COLLIN	9729818000
75093	COLLIN	9729818000
77325	HARRIS	2813597500
76132	TARRANT	8174335000

# knee

Based on Hospital Medicare Payment And Volume Measures

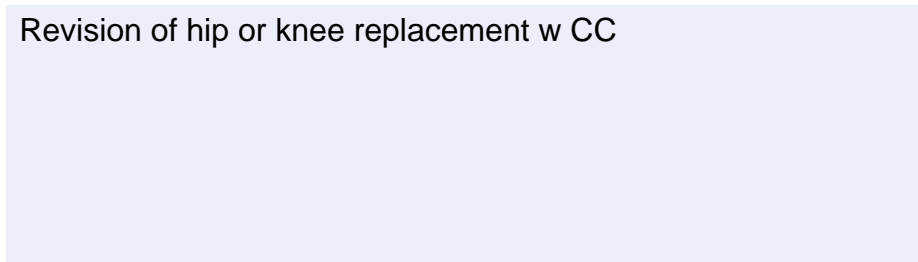


Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

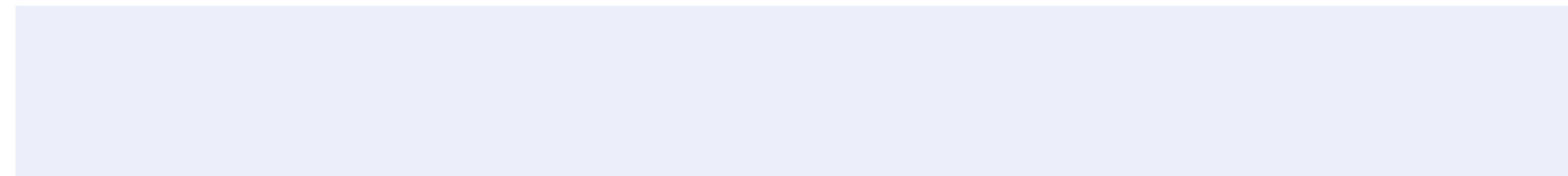
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$50069.00 \*



\$16830.00

39

\$13462.00

33



\$18995.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450780	METHODIST AMBULATORY SURGERY HOSPITAL NW	9150 HUEBNER RD SUITE 100
450788	CORPUS CHRISTI MEDICAL CENTER,THE	7101 S PADRE ISLAND DR
450788	CORPUS CHRISTI MEDICAL CENTER,THE	7101 S PADRE ISLAND DR
450788	CORPUS CHRISTI MEDICAL CENTER,THE	7101 S PADRE ISLAND DR
450796	NORTHWEST TEXAS SURGERY CENTER	3501 SONCY RD SUITE 118

# knee

Based on Hospital Medicare Payment And Volume Measures

SAN ANTONIO TX

CORPUS CHRISTI TX

CORPUS CHRISTI TX

CORPUS CHRISTI TX

AMARILLO TX



# knee

Based on Hospital Medicare Payment And Volume Measures

78240	BEXAR	2106918000
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78412	NUECES	3617611000
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78412	NUECES	3617611000
-------	--------	------------

78412	NUECES	3617611000
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79109	RANDALL	8063597999
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13212.00 \*

\$19060.00 \*

\$57747.00 \*

\$15166.00 \*

\$12723.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

450801	CHRISTUS ST MICHAEL HEALTH SYSTEM	2600 ST MICHAEL DR
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450801	CHRISTUS ST MICHAEL HEALTH SYSTEM	2600 ST MICHAEL DR
--------	--------------------------------------	--------------------

450801	CHRISTUS ST MICHAEL HEALTH SYSTEM	2600 ST MICHAEL DR
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450804	TEXAS ORTHOPEDIC HOSPITAL	7401 SOUTH MAIN STREET
--------	---------------------------	------------------------

450804	TEXAS ORTHOPEDIC HOSPITAL	7401 SOUTH MAIN STREET
--------	---------------------------	------------------------

450804	TEXAS ORTHOPEDIC HOSPITAL	7401 SOUTH MAIN STREET
--------	---------------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

TEXARKANA TX

TEXARKANA TX

TEXARKANA TX

HOUSTON TX

HOUSTON TX

HOUSTON TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75504	BOWIE	9036141000
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75504	BOWIE	9036141000
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75504	BOWIE	9036141000
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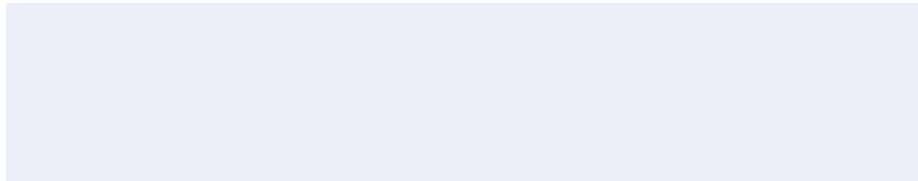
77030	HARRIS	7137998600
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77030	HARRIS	7137998600
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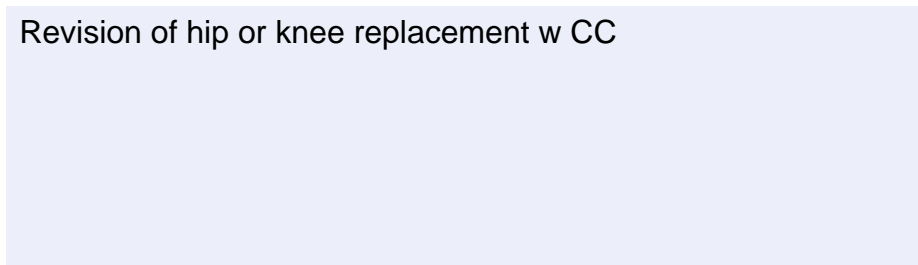
77030	HARRIS	7137998600
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



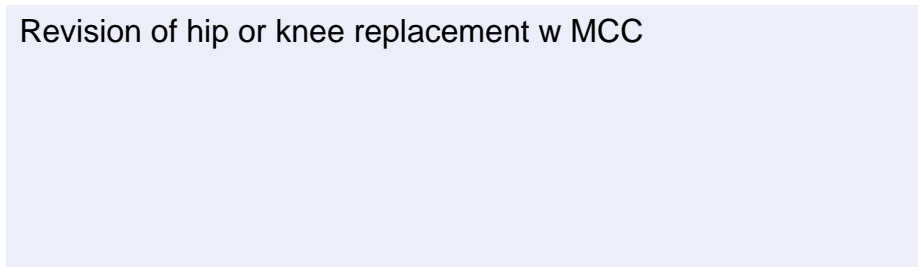
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC





# knee

Based on Hospital Medicare Payment And Volume Measures

\$23575.00 \*

\$15895.00 \*

\$12827.00 15

\$13510.00 16

\$16891.00 29

\$22192.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450809	NORTH AUSTIN MEDICAL CENTER	12221 MOPAC EXPRESSWAY NORTH
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450809	NORTH AUSTIN MEDICAL CENTER	12221 MOPAC EXPRESSWAY NORTH
--------	-----------------------------	---------------------------------

450809	NORTH AUSTIN MEDICAL CENTER	12221 MOPAC EXPRESSWAY NORTH
--------	-----------------------------	---------------------------------

450820	METHODIST SUGAR LAND HOSPITAL	16655 SOUTHWEST FREEWAY
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450820	METHODIST SUGAR LAND HOSPITAL	16655 SOUTHWEST FREEWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN TX

AUSTIN TX

AUSTIN TX

SUGAR LAND TX

SUGAR LAND TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78758	TRAVIS	5129011000
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78758	TRAVIS	5129011000
-------	--------	------------

78758	TRAVIS	5129011000
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77479	FORT BEND	2812748000
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77479	FORT BEND	2812748000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14006.00 \*

\$25970.00 \*

\$17511.00 \*

\$17502.00 \*

\$27681.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450820

METHODIST SUGAR LAND HOSPITAL 16655 SOUTHWEST  
FREEWAY

450825

CORNERSTONE REGIONAL  
HOSPITAL 2302 CORNERSTONE  
BOULEVARD

450825

CORNERSTONE REGIONAL  
HOSPITAL 2302 CORNERSTONE  
BOULEVARD

450825

CORNERSTONE REGIONAL  
HOSPITAL 2302 CORNERSTONE  
BOULEVARD

# knee

Based on Hospital Medicare Payment And Volume Measures

SUGAR LAND TX

EDINBURG TX

EDINBURG TX

EDINBURG TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77479

FORT BEND

2812748000

78539

HIDALGO

9566184444

78539

HIDALGO

9566184444

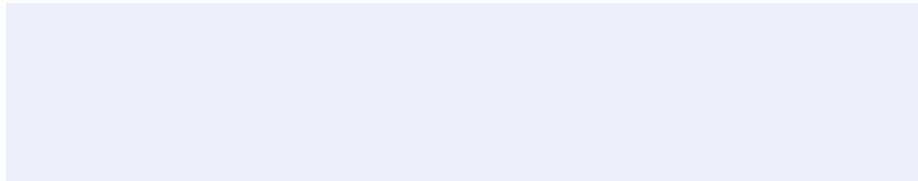
78539

HIDALGO

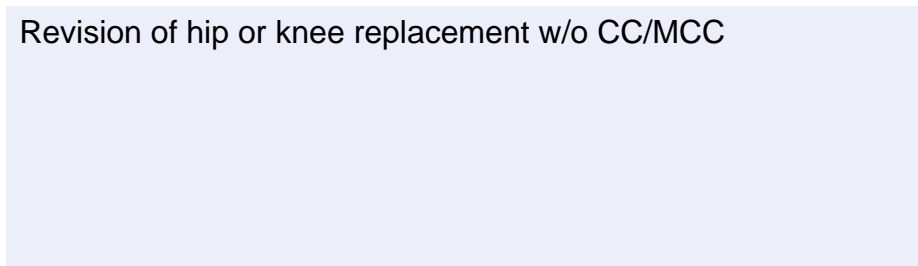
9566184444

# knee

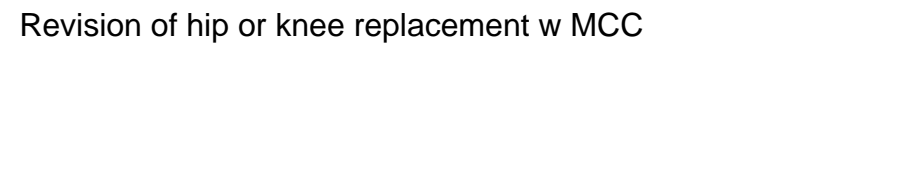
Based on Hospital Medicare Payment And Volume Measures



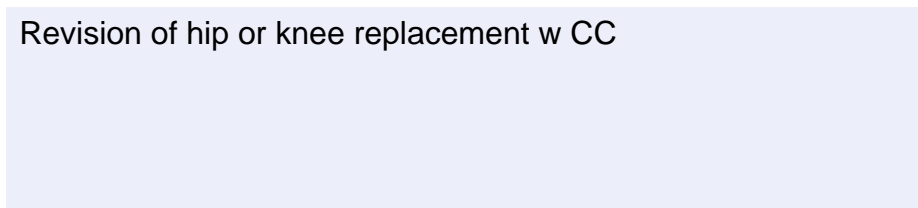
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14000.00 \*

\$14217.00 \*

\$17813.00 \*

\$14812.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450827

KELL WEST REGIONAL HOSPITAL

5402 KELL WEST  
BOULEVARD

450827

KELL WEST REGIONAL HOSPITAL

5402 KELL WEST  
BOULEVARD

450827

KELL WEST REGIONAL HOSPITAL

5402 KELL WEST  
BOULEVARD

450832

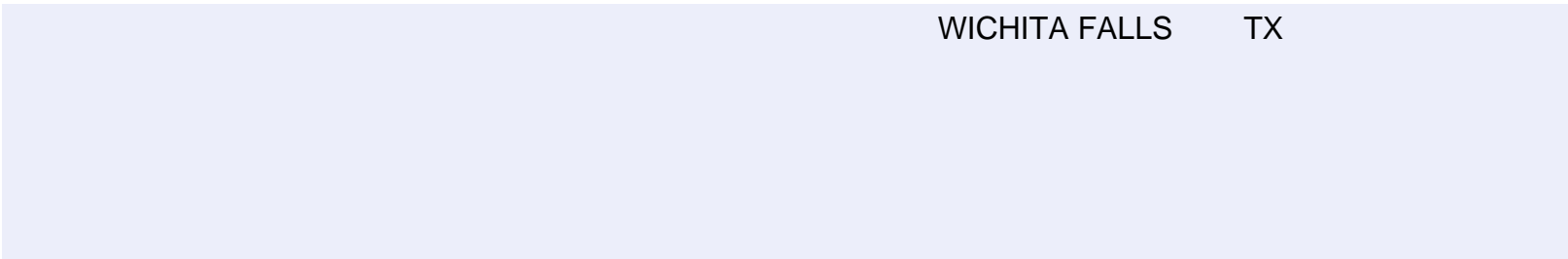
CHRISTUS ST CATHERINE HOSPITAL 701 SOUTH FRY ROAD

# knee

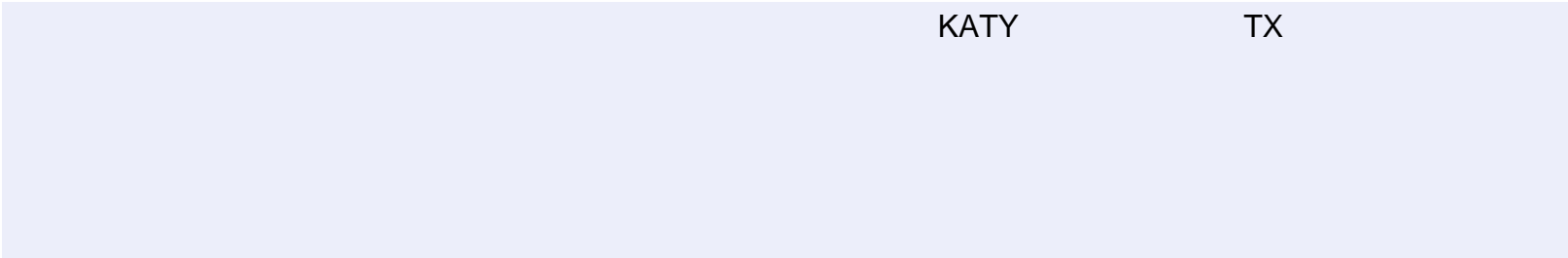
Based on Hospital Medicare Payment And Volume Measures



WICHITA FALLS TX



WICHITA FALLS TX



KATY TX



# knee

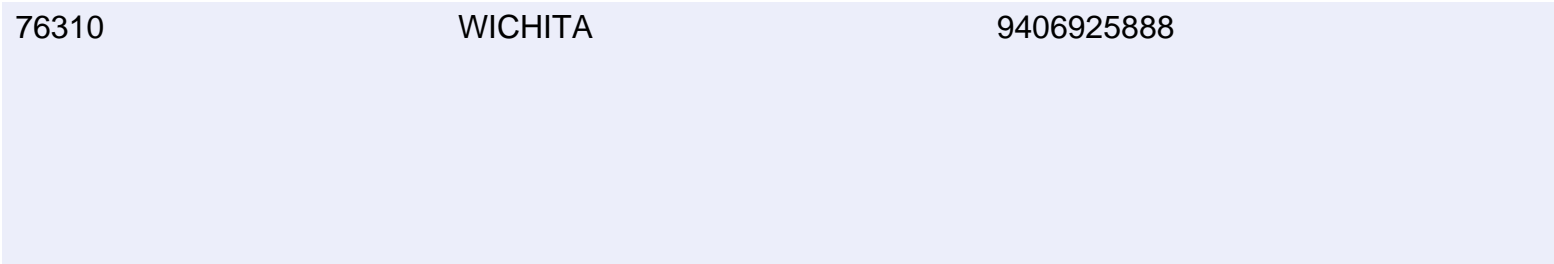
Based on Hospital Medicare Payment And Volume Measures



76310

WICHITA

9406925888



76310

WICHITA

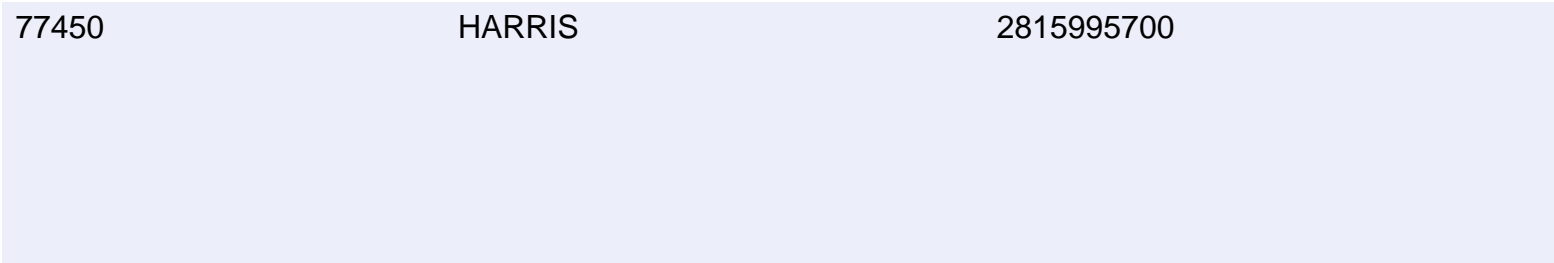
9406925888



76310

WICHITA

9406925888



77450

HARRIS

2815995700

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16095.00 \*

\$23872.00 \*

\$12874.00 \*

\$27778.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450832

CHRISTUS ST CATHERINE HOSPITAL 701 SOUTH FRY ROAD

450834

PHYSICIANS CENTRE,THE

3131 UNIVERSITY DRIVE  
EAST

450834

PHYSICIANS CENTRE,THE

3131 UNIVERSITY DRIVE  
EAST

450840

TEXAS HEALTH PRESBYTERIAN  
HOSPITAL ALLEN

1105 CENTRAL  
EXPRESSWAY NORTH

450840

TEXAS HEALTH PRESBYTERIAN  
HOSPITAL ALLEN

1105 CENTRAL  
EXPRESSWAY NORTH

# knee

Based on Hospital Medicare Payment And Volume Measures

KATY

TX

BRYAN

TX

BRYAN

TX

ALLEN

TX

ALLEN

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77450	HARRIS	2815995700
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77802	BRAZOS	9797313100
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77802	BRAZOS	9797313100
-------	--------	------------

75013	COLLIN	9727476197
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75013	COLLIN	9727476197
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14124.00 \*

\$16114.00 \*

\$12889.00 \*

\$13475.00 \*

\$15277.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450841	BROWNSVILLE SURGICAL HOSPITAL	4750 NORTH EXPRESSWAY
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450844	METHODIST WILLOWBROOK HOSPITAL	18220 STATE HIGHWAY 249
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450845	EL PASO SPECIALTY HOSPITAL	1755 CURIE SUITE A
--------	----------------------------	--------------------

450845	EL PASO SPECIALTY HOSPITAL	1755 CURIE SUITE A
--------	----------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

BROWNSVILLE TX

HOUSTON TX

EL PASO TX

EL PASO TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78526

CAMERON

9565542000

77070

HARRIS

2814771000

79902

EL PASO

9155443636

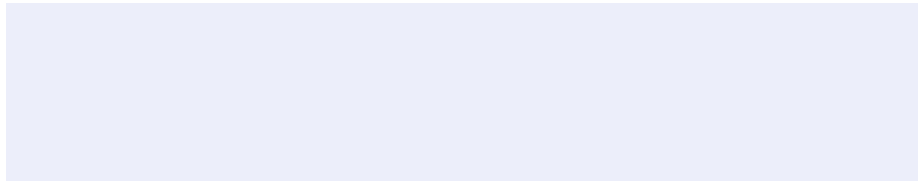
79902

EL PASO

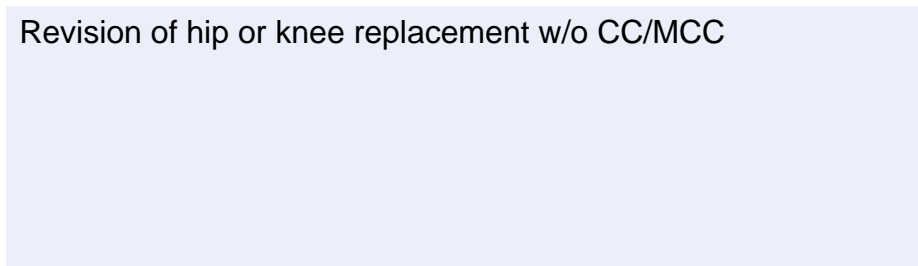
9155443636

# knee

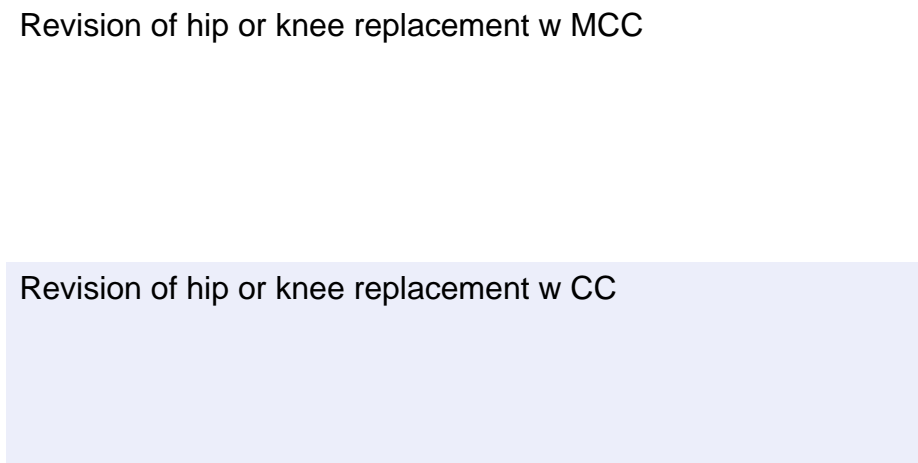
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$11958.00 \*

\$13981.00 \*

\$19257.00 \*

\$16308.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450845	EL PASO SPECIALTY HOSPITAL	1755 CURIE SUITE A
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450847	MEMORIAL HERMANN KATY HOSPITAL	23900 KATY FREEWAY
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450847	MEMORIAL HERMANN KATY HOSPITAL	23900 KATY FREEWAY
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450848	MEMORIAL HERMANN SUGAR LAND HOSPITAL	17500 W GRAND PARKWAY SOUTH
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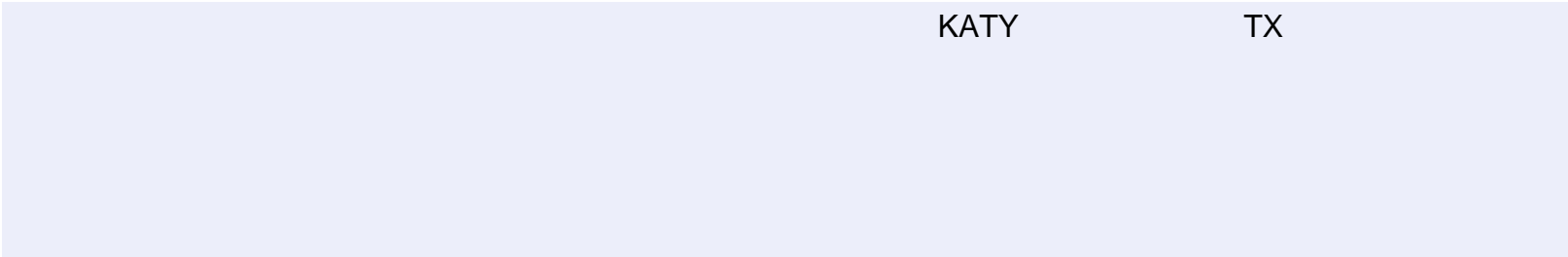
# knee

Based on Hospital Medicare Payment And Volume Measures



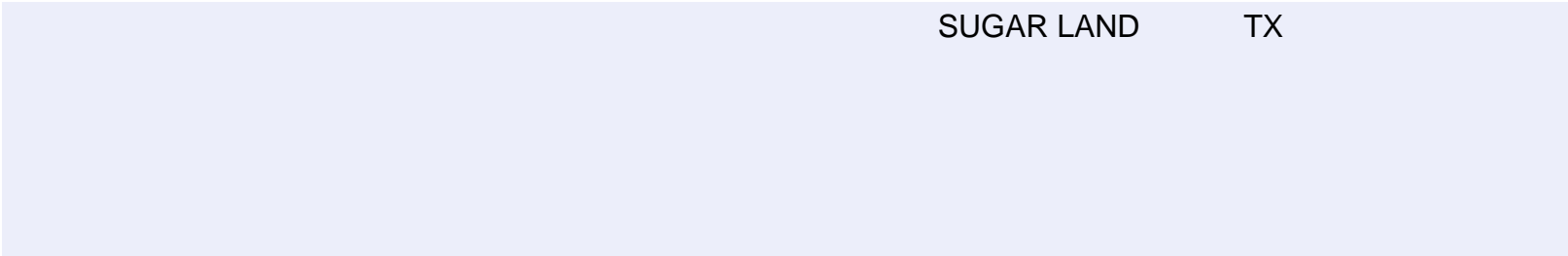
EL PASO

TX



KATY

TX



SUGAR LAND

TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77902

EL PASO

9155443636

77494

HARRIS

2813921111

77494

HARRIS

2813921111

77479

FORT BEND

2814994800

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13044.00 \*

\$14988.00 \*

\$27793.00 \*

\$18763.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450848	MEMORIAL HERMANN SUGAR LAND HOSPITAL	17500 W GRAND PARKWAY SOUTH
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450853	BAYLOR MEDICAL CENTER AT FRISCO	5601 WARREN PARKWAY
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450853	BAYLOR MEDICAL CENTER AT FRISCO	5601 WARREN PARKWAY
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450855	HARLINGEN MEDICAL CENTER	5501 SOUTH EXPRESSWAY 77
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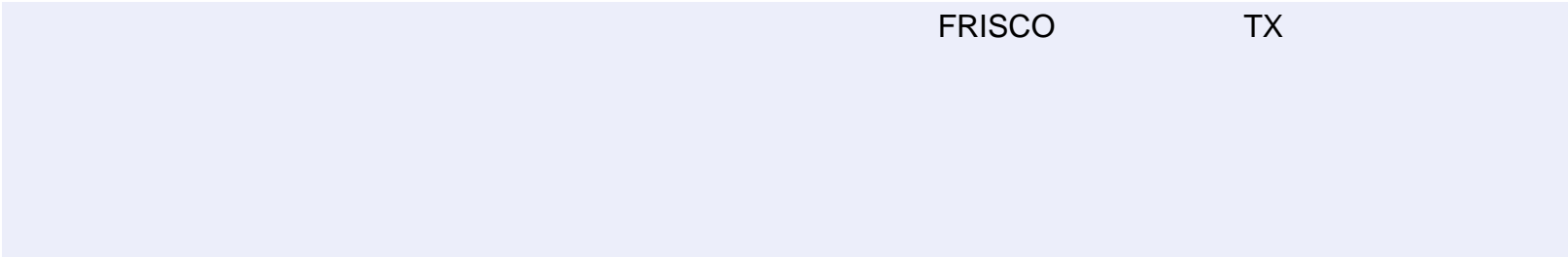
450855	HARLINGEN MEDICAL CENTER	5501 SOUTH EXPRESSWAY 77
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# knee

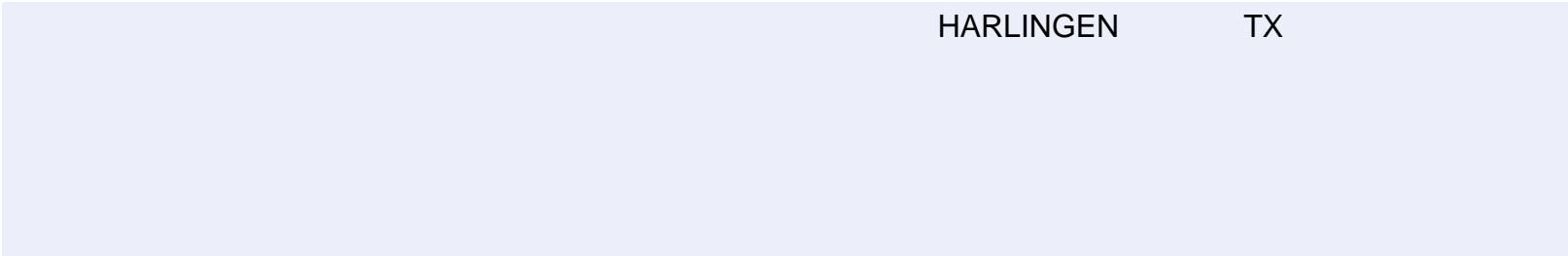
Based on Hospital Medicare Payment And Volume Measures

SUGAR LAND TX

FRISCO TX



HARLINGEN TX





# knee

Based on Hospital Medicare Payment And Volume Measures

77479	FORT BEND	2814994800
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75034	COLLIN	2146182000
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75034	COLLIN	2146182000
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78550	CAMERON	9563651000
-------	---------	------------

78550	CAMERON	9563651000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15008.00 \*

\$13447.00

17

\$24258.00 \*

\$24690.00 \*

\$17109.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450855	HARLINGEN MEDICAL CENTER	5501 SOUTH EXPRESSWAY 77
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450856	SOUTH TEXAS SPINE AND SURGICAL HOSPITAL	18600 NORTH HARDY OAK
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450856	SOUTH TEXAS SPINE AND SURGICAL HOSPITAL	18600 NORTH HARDY OAK
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450860	SUGAR LAND SURGICAL HOSPITAL LLP	1211 HIGHWAY 6, SUITE 70
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450862	ST LUKE'S THE WOODLANDS HOSPITAL	17200 ST LUKE'S WAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

HARLINGEN TX

SAN ANTONIO TX

SAN ANTONIO TX

SUGAR LAND TX

THE WOODLANDS TX

# knee

Based on Hospital Medicare Payment And Volume Measures

78550	CAMERON	9563651000
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78258	BEXAR	2104040800
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78258	BEXAR	2104040800
-------	-------	------------

77478	FORT BEND	2812431000
-------	-----------	------------

77384	HARRIS	9362664050
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16455.00 \*

\$12682.00 \*

\$19067.00 \*

\$13510.00 \*

\$14094.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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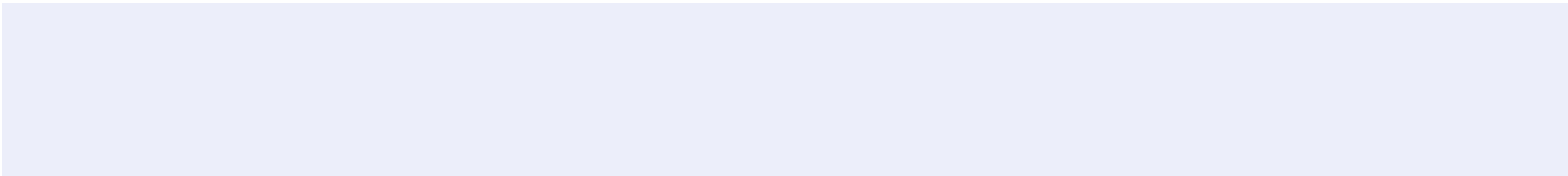
# knee

Based on Hospital Medicare Payment And Volume Measures

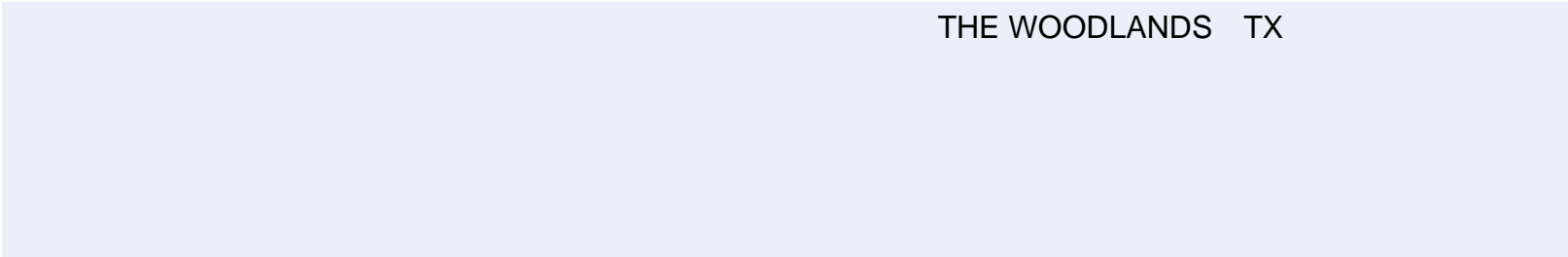
450862	ST LUKE'S THE WOODLANDS HOSPITAL	17200 ST LUKE'S WAY
450862	ST LUKE'S THE WOODLANDS HOSPITAL	17200 ST LUKE'S WAY
450864	TEXAS SPINE AND JOINT HOSPITAL	1814 ROSELAND BOULEVARD
450864	TEXAS SPINE AND JOINT HOSPITAL	1814 ROSELAND BOULEVARD
450867	SETON NORTHWEST HOSPITAL	11113 RESEARCH BOULEVARD

# knee

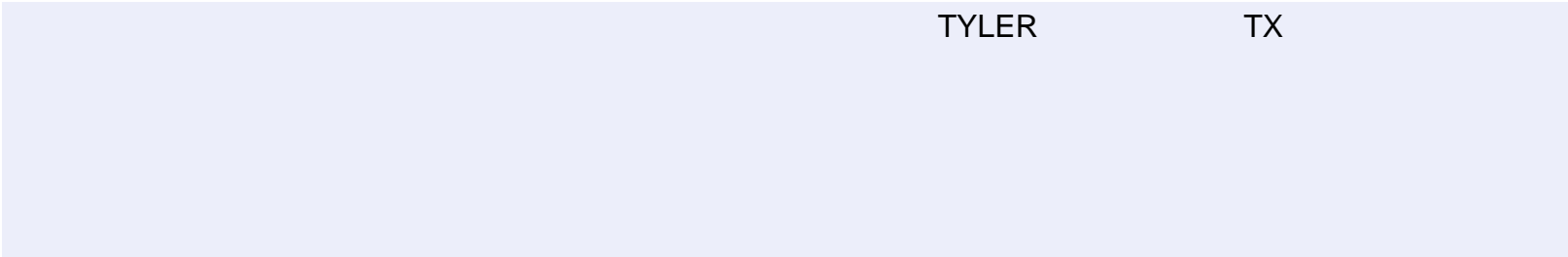
Based on Hospital Medicare Payment And Volume Measures



THE WOODLANDS TX



THE WOODLANDS TX



TYLER TX



AUSTIN TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77384

HARRIS

9362664050

77384

HARRIS

9362664050

75701

SMITH

9035253300

75701

SMITH

9035253300

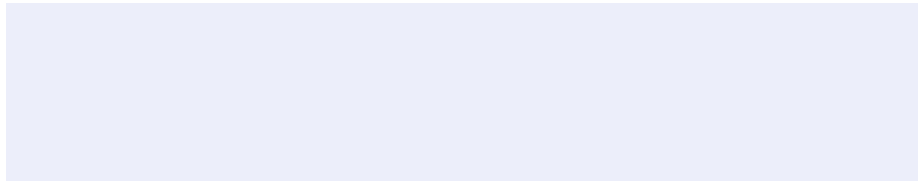
78759

TRAVIS

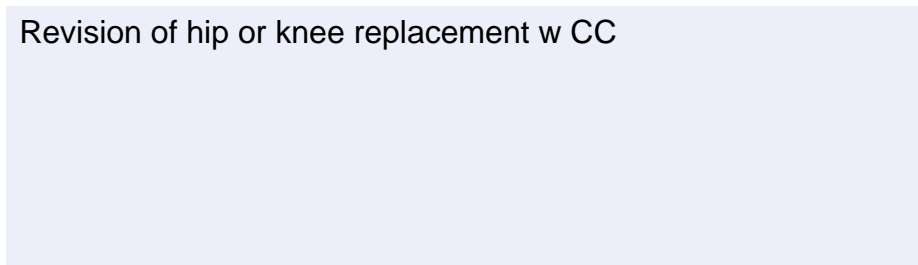
5123246000

# knee

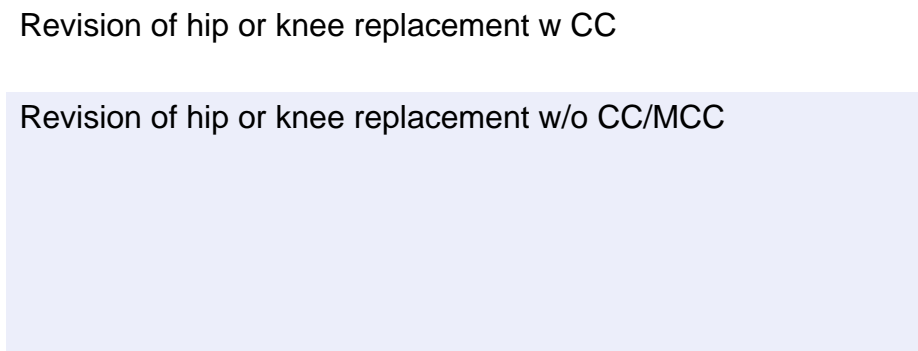
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

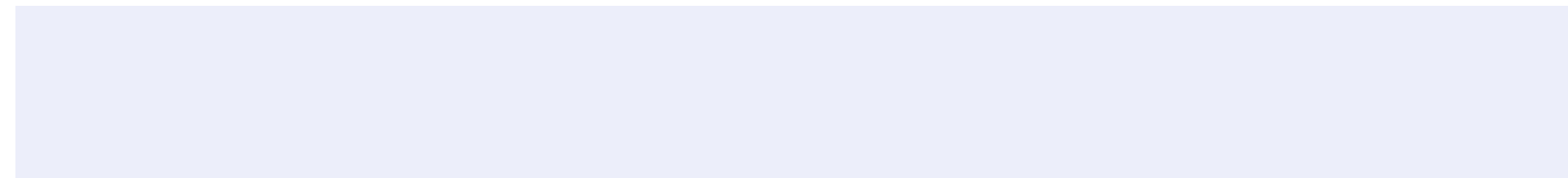


Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$26136.00 \*



\$17621.00 \*

\$27581.00

12



\$12642.00 \*

\$23211.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450867

SETON NORTHWEST HOSPITAL

11113 RESEARCH  
BOULEVARD

450869

DOCTORS HOSPITAL AT  
RENAISSANCE

5501 SOUTH MCCOLL

450869

DOCTORS HOSPITAL AT  
RENAISSANCE

5501 SOUTH MCCOLL

450869

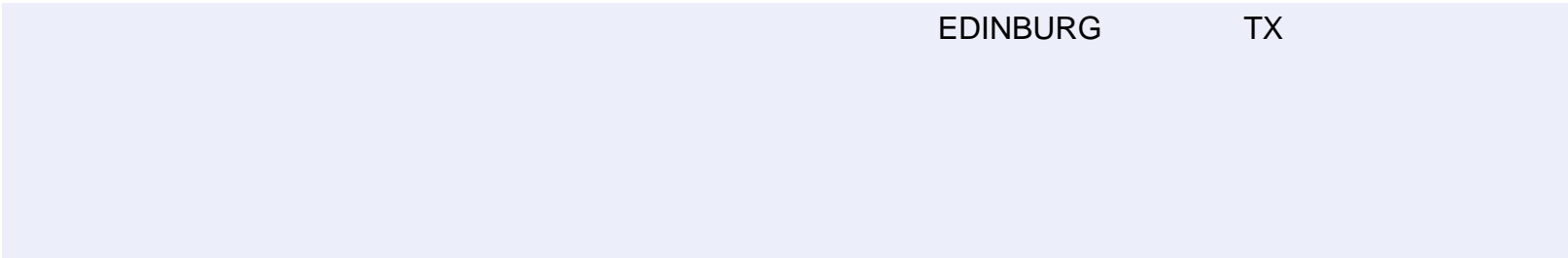
DOCTORS HOSPITAL AT  
RENAISSANCE

5501 SOUTH MCCOLL

# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN TX



EDINBURG TX



# knee

Based on Hospital Medicare Payment And Volume Measures

78759

TRAVIS

5123246000

78539

HIDALGO

9566667100

78539

HIDALGO

9566667100

78539

HIDALGO

9566667100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17545.00 \*

\$17898.00 \*

\$22376.00 \*

\$27132.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

450871	AUSTIN SURGICAL HOSPITAL	3003 BEE CAVES ROAD
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450871	AUSTIN SURGICAL HOSPITAL	3003 BEE CAVES ROAD
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450872	USMD HOSPITAL AT ARLINGTON L P	801 W INTERSTATE 20
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450872	USMD HOSPITAL AT ARLINGTON L P	801 W INTERSTATE 20
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# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN

TX

AUSTIN

TX

ARLINGTON

TX

ARLINGTON

TX



# knee

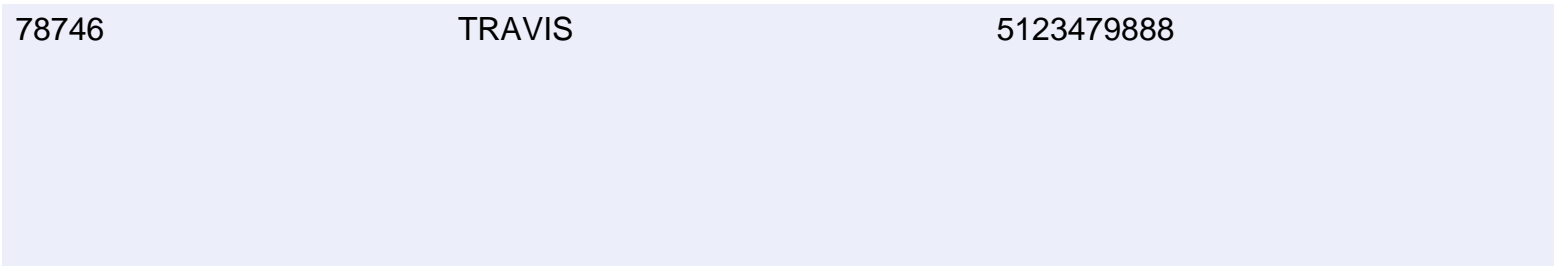
Based on Hospital Medicare Payment And Volume Measures



78746

TRAVIS

5123479888



78746

TRAVIS

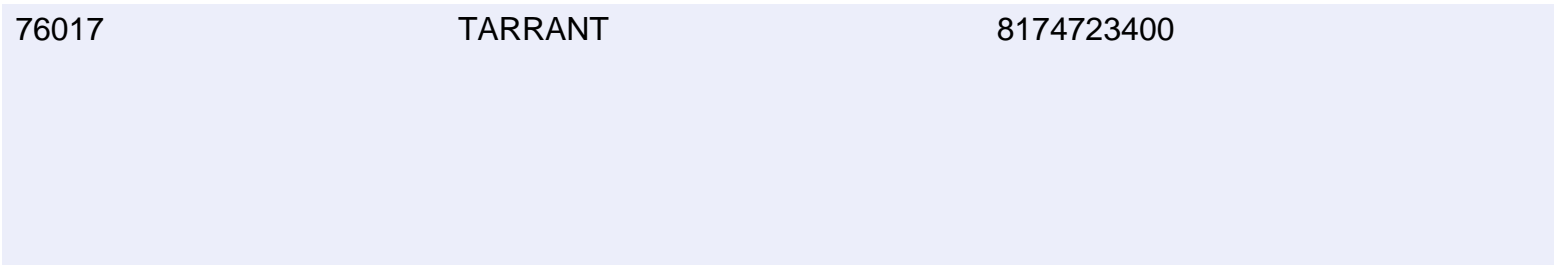
5123479888



76017

TARRANT

8174723400



76017

TARRANT

8174723400

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13719.00 \*

\$13168.00 \*

\$15058.00 \*

\$22201.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

450874	IRVING COPPELL SURGICAL HOSPITAL LLP	400 WEST INTERSTATE 635 SUITE 101
450875	QUAIL CREEK SURGICAL HOSPITAL	6819 PLUM CREEK
450875	QUAIL CREEK SURGICAL HOSPITAL	6819 PLUM CREEK
450880	BAYLOR SURGICAL HOSPITAL AT FORT WORTH	750 12TH AVENUE
450880	BAYLOR SURGICAL HOSPITAL AT FORT WORTH	750 12TH AVENUE
450885	CENTENNIAL MEDICAL CENTER	12505 LEBANON ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

IRVING TX

AMARILLO TX  
AMARILLO TX

FORT WORTH TX

FORT WORTH TX

FRISCO TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75063	DALLAS	9728684000
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79124	POTTER	8063546100
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79124	POTTER	8063546100
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76104	TARRANT	8173345050
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76104	TARRANT	8173345050
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75035	COLLIN	9729633333
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13447.00 \*

\$12723.00

13

\$15906.00 \*

\$13447.00 \*

\$16812.00 \*

\$13902.00

11

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450885	CENTENNIAL MEDICAL CENTER	12505 LEBANON ROAD
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450885	CENTENNIAL MEDICAL CENTER	12505 LEBANON ROAD
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450888	TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHLAKE	1545 E SOUTHLAKE BLVD
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450888	TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHLAKE	1545 E SOUTHLAKE BLVD
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450890	BAYLOR REGIONAL MEDICAL CENTER AT PLANO	4700 ALLIANCE BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

FRISCO TX

FRISCO TX

SOUTHLAKE TX

SOUTHLAKE TX

PLANO TX

# knee

Based on Hospital Medicare Payment And Volume Measures

75035	COLLIN	9729633333
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75035	COLLIN	9729633333
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76092	TARRANT	8177488700
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76092	TARRANT	8177488700
-------	---------	------------

75093	COLLIN	4698142000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17380.00 \*

\$27417.00 \*

\$13327.00 \*

\$18358.00 \*

\$13458.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

450890	BAYLOR REGIONAL MEDICAL CENTER AT PLANO	4700 ALLIANCE BOULEVARD
460001	UTAH VALLEY REGIONAL MEDICAL CENTER	1034 NORTH 500 WEST
460001	UTAH VALLEY REGIONAL MEDICAL CENTER	1034 NORTH 500 WEST
460001	UTAH VALLEY REGIONAL MEDICAL CENTER	1034 NORTH 500 WEST
460004	MCKAY-DEE HOSPITAL CENTER	4401 HARRISON BLVD
460004	MCKAY-DEE HOSPITAL CENTER	4401 HARRISON BLVD

knee

Based on Hospital Medicare Payment And Volume Measures

## PLANO

TX

PROVO

UT

PROVO

UT

PROVO

UT

OGDEN

UT

OGDEN

UT

# knee

Based on Hospital Medicare Payment And Volume Measures

75093

COLLIN

4698142000

84604

UTAH

8013737850

84604

UTAH

8013737850

84604

UTAH

8013737850

84403

WEBER

8013872800

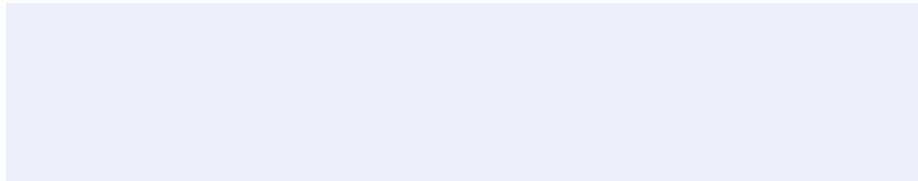
84403

WEBER

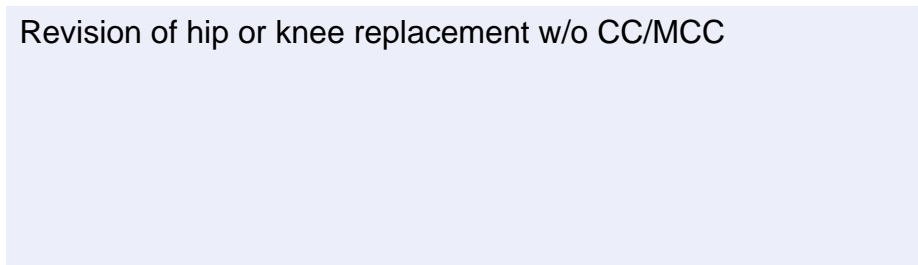
8013872800

# knee

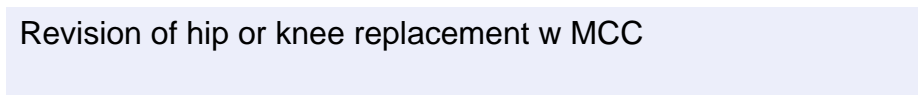
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16812.00 *	
	\$15095.00 *	
	\$18872.00	16
	\$18628.00	15
	\$14555.00	15
	\$21569.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

460004	MCKAY-DEE HOSPITAL CENTER	4401 HARRISON BLVD
460005	OGDEN REGIONAL MEDICAL CENTER	5475 SOUTH 500 EAST
460005	OGDEN REGIONAL MEDICAL CENTER	5475 SOUTH 500 EAST
460006	LDS HOSPITAL	324 8TH AVENUE
460006	LDS HOSPITAL	324 8TH AVENUE
460006	LDS HOSPITAL	324 8TH AVENUE
460007	VALLEY VIEW MEDICAL CENTER	1303 NORTH MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

	OGDEN	UT
	OGDEN	UT
	OGDEN	UT
	SALT LAKE CITY	UT
	SALT LAKE CITY	UT
	SALT LAKE CITY	UT
	CEDAR CITY	UT



# knee

Based on Hospital Medicare Payment And Volume Measures

84403	WEBER	8013872800
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84405	WEBER	8014792111
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84405	WEBER	8014792111
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84143	SALT LAKE	8014081100
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84143	SALT LAKE	8014081100
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84143	SALT LAKE	8014081100
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84720	IRON	4355865000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15164.00	16
	\$7773.00 *	
	\$13939.00 *	
	\$11843.00	74
	\$12017.00	17
	\$13354.00 *	
	\$14349.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

460009	UNIVERSITY HEALTH CARE/UNIV HOSPITALS AND CLINICS	50 NORTH MEDICAL DRIVE
460009	UNIVERSITY HEALTH CARE/UNIV HOSPITALS AND CLINICS	50 NORTH MEDICAL DRIVE
460009	UNIVERSITY HEALTH CARE/UNIV HOSPITALS AND CLINICS	50 NORTH MEDICAL DRIVE
460010	INTERMOUNTAIN MEDICAL CENTER	5121 SOUTH COTTONWOOD STREET
460010	INTERMOUNTAIN MEDICAL CENTER	5121 SOUTH COTTONWOOD STREET
460010	INTERMOUNTAIN MEDICAL CENTER	5121 SOUTH COTTONWOOD STREET
460011	CASTLEVIEW HOSPITAL	300 NORTH HOSPITAL DRIVE
460011	CASTLEVIEW HOSPITAL	300 NORTH HOSPITAL

# knee

Based on Hospital Medicare Payment And Volume Measures

SALT LAKE CITY UT

SALT LAKE CITY UT

SALT LAKE CITY UT

MURRAY UT

MURRAY UT

MURRAY UT

PRICE UT

PRICE UT

# knee

Based on Hospital Medicare Payment And Volume Measures

84132	SALT LAKE	8015812121
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84132	SALT LAKE	8015812121
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84132	SALT LAKE	8015812121
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84157	SALT LAKE	8015077000
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84157	SALT LAKE	8015077000
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84157	SALT LAKE	8015077000
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84501	CARBON	4356374800
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84501	CARBON	4356374800
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19152.00	54
	\$35387.00	14
	\$23771.00	43
	\$18230.00	31
	\$23750.00 *	
	\$14582.00	17
	\$11032.00 *	
	\$16523.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

460011	CASTLEVIEW HOSPITAL	300 NORTH HOSPITAL DRIVE
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460013	MOUNTAIN VIEW HOSPITAL	1000 EAST 100 NORTH
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460013	MOUNTAIN VIEW HOSPITAL	1000 EAST 100 NORTH
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460013	MOUNTAIN VIEW HOSPITAL	1000 EAST 100 NORTH
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460015	LOGAN REGIONAL HOSPITAL	1400 NORTH 500 EAST
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# knee

Based on Hospital Medicare Payment And Volume Measures

PRICE

UT

PAYSON

UT

PAYSON

UT

PAYSON

UT

LOGAN

UT

# knee

Based on Hospital Medicare Payment And Volume Measures

84501	CARBON	4356374800
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84651	UTAH	8014657100
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84651	UTAH	8014657100
-------	------	------------

84651	UTAH	8014657100
-------	------	------------

84341	CACHE	4357161000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

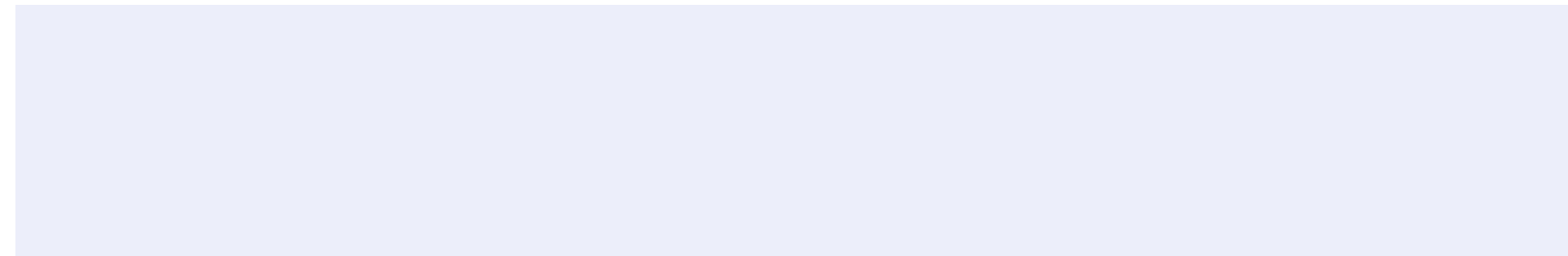
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$15964.00 \*



\$23275.00 \*



\$14003.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

460015	LOGAN REGIONAL HOSPITAL	1400 NORTH 500 EAST
460017	BRIGHAM CITY COMMUNITY HOSPITAL	950 SOUTH MEDICAL DRIVE
460019	UINTAH BASIN MEDICAL CENTER	250 WEST 300 NORTH (75-2)
460021	DIXIE REGIONAL MEDICAL CENTER	1380 EAST MEDICAL CENTER DRIVE
460021	DIXIE REGIONAL MEDICAL CENTER	1380 EAST MEDICAL CENTER DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

LOGAN

UT

BRIGHAM CITY

UT

ROOSEVELT

UT

ST GEORGE

UT

ST GEORGE

UT

# knee

Based on Hospital Medicare Payment And Volume Measures

84341	CACHE	4357161000
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84302	BOX ELDER	4357349471
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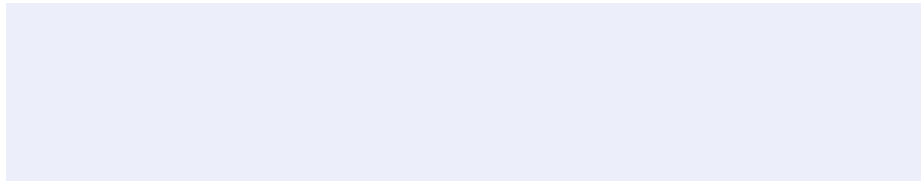
84066	DUCHESNE	4357224691
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84790	WASHINGTON	4352511000
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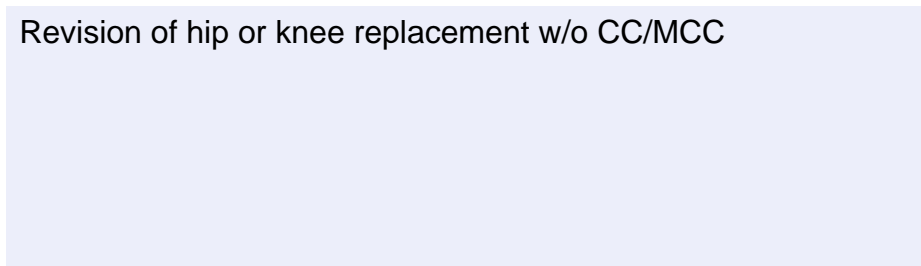
84790	WASHINGTON	4352511000
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# knee

Based on Hospital Medicare Payment And Volume Measures

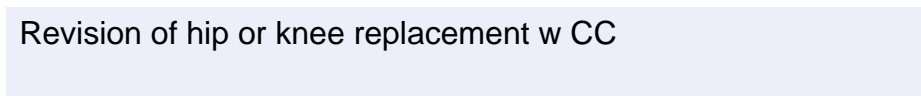


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

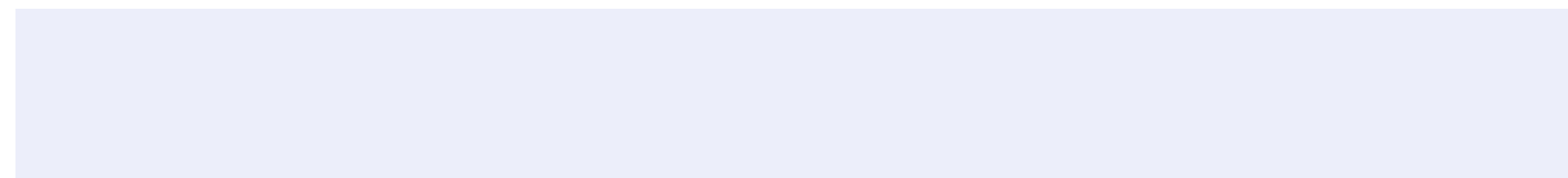


Revision of hip or knee replacement w CC

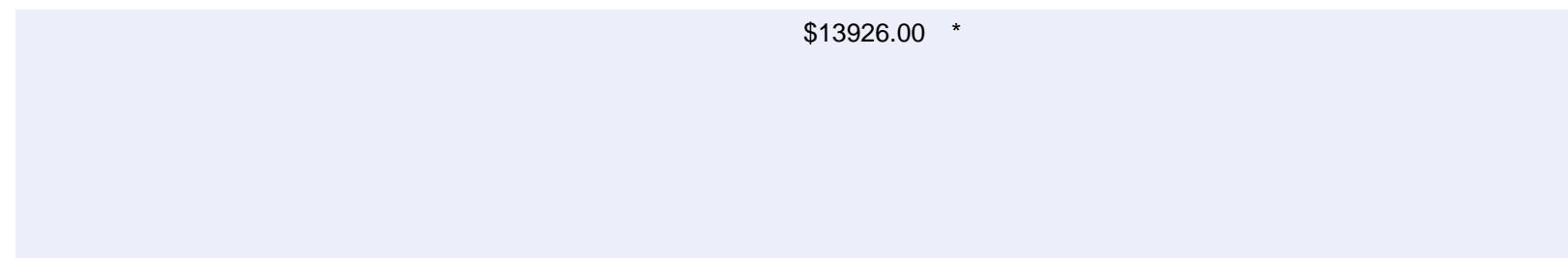
Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$17506.00 \*



\$13926.00 \*



\$17278.00 \*



26

\$26219.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

460021	DIXIE REGIONAL MEDICAL CENTER	1380 EAST MEDICAL CENTER DRIVE
460023	AMERICAN FORK HOSPITAL	170 NORTH 1100 EAST
460041	DAVIS HOSPITAL AND MEDICAL CENTER	1600 WEST ANTELOPE DRIVE
460041	DAVIS HOSPITAL AND MEDICAL CENTER	1600 WEST ANTELOPE DRIVE
460041	DAVIS HOSPITAL AND MEDICAL CENTER	1600 WEST ANTELOPE DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

ST GEORGE UT

AMERICAN FORK UT

LAYTON UT

LAYTON UT

LAYTON UT



# knee

Based on Hospital Medicare Payment And Volume Measures

84790	WASHINGTON	4352511000
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84003	UTAH	8018553300
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84041	DAVIS	8018071000
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84041	DAVIS	8018071000
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84041	DAVIS	8018071000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15616.00

23

\$13557.00 \*

\$21262.00 \*

\$1068.00 \*

\$13687.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

460042	LAKEVIEW HOSPITAL	630 EAST MEDICAL DRIVE
460042	LAKEVIEW HOSPITAL	630 EAST MEDICAL DRIVE
460042	LAKEVIEW HOSPITAL	630 EAST MEDICAL DRIVE
460044	ALTA VIEW HOSPITAL	9660 SOUTH 1300 EAST
460044	ALTA VIEW HOSPITAL	9660 SOUTH 1300 EAST
460047	ST MARKS HOSPITAL	1200 EAST 3900 SOUTH

# knee

Based on Hospital Medicare Payment And Volume Measures

BOUNTIFUL UT

BOUNTIFUL UT

BOUNTIFUL UT

SANDY UT

SANDY UT

SALT LAKE CITY UT

# knee

Based on Hospital Medicare Payment And Volume Measures

84010	DAVIS	8012992200
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84010	DAVIS	8012992200
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84010	DAVIS	8012992200
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84094	SALT LAKE	8015012600
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84094	SALT LAKE	8015012600
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84124	SALT LAKE	8012687700
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$10822.00	14
	\$13530.00 *	
	\$16102.00 *	
	\$13504.00 *	
	\$12961.00	11
	\$13805.00	19

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

460047	ST MARKS HOSPITAL	1200 EAST 3900 SOUTH
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460047	ST MARKS HOSPITAL	1200 EAST 3900 SOUTH
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460049	THE ORTHOPEDIC SPECIALTY HOSPITAL	5848 SOUTH 300 EAST
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460049	THE ORTHOPEDIC SPECIALTY HOSPITAL	5848 SOUTH 300 EAST
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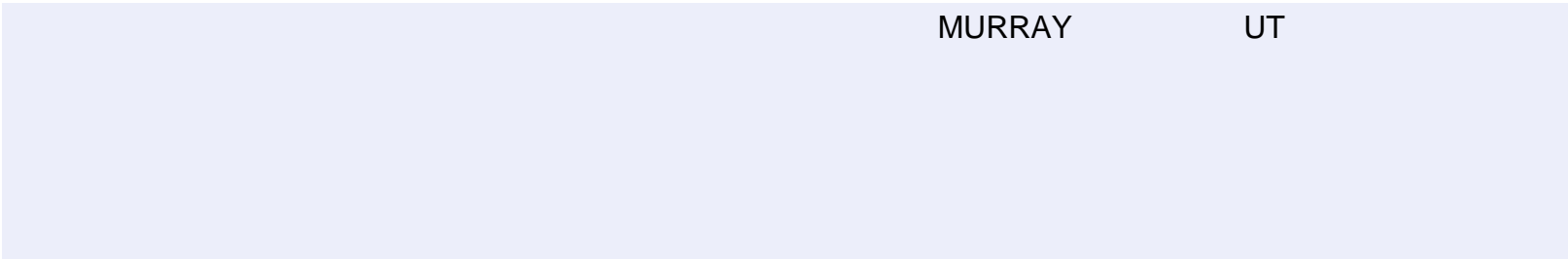
460049	THE ORTHOPEDIC SPECIALTY HOSPITAL	5848 SOUTH 300 EAST
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# knee

Based on Hospital Medicare Payment And Volume Measures

SALT LAKE CITY UT

SALT LAKE CITY UT



MURRAY UT



# knee

Based on Hospital Medicare Payment And Volume Measures

84124	SALT LAKE	8012687700
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84124	SALT LAKE	8012687700
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84107	SALT LAKE	8013144100
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84107	SALT LAKE	8013144100
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84107	SALT LAKE	8013144100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14645.00 \*

\$24658.00 \*

\$12992.00 \*

\$13504.00 \*

\$12961.00

24

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

460051	JORDAN VALLEY MEDICAL CENTER	3580 WEST 9000 SOUTH
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460051	JORDAN VALLEY MEDICAL CENTER	3580 WEST 9000 SOUTH
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460051	JORDAN VALLEY MEDICAL CENTER	3580 WEST 9000 SOUTH
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460052	TIMPANOGOS REGIONAL HOSPITAL	750 WEST 800 NORTH
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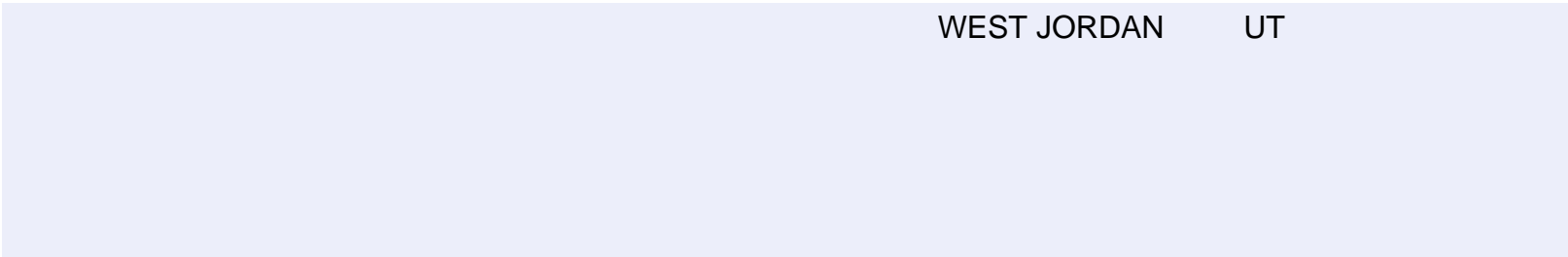
460052	TIMPANOGOS REGIONAL HOSPITAL	750 WEST 800 NORTH
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# knee

Based on Hospital Medicare Payment And Volume Measures

WEST JORDAN UT

WEST JORDAN UT



OREM UT



# knee

Based on Hospital Medicare Payment And Volume Measures

84088	SALT LAKE	8015618888
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84088	SALT LAKE	8015618888
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84088	SALT LAKE	8015618888
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84057	UTAH	8017146000
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84057	UTAH	8017146000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7652.00 \*

\$17853.00 \*

\$16026.00 \*

\$20141.00 \*

\$16747.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

460052

TIMPANOGOS REGIONAL HOSPITAL 750 WEST 800 NORTH

460054

CACHE VALLEY SPECIALITY  
HOSPITAL 2380 NORTH 400 EAST

460054

CACHE VALLEY SPECIALITY  
HOSPITAL 2380 NORTH 400 EAST

470001

CENTRAL VERMONT MEDICAL  
CENTER BOX 547

# knee

Based on Hospital Medicare Payment And Volume Measures

OREM

UT

NORTH LOGAN

UT

NORTH LOGAN

UT

BARRE

VT



# knee

Based on Hospital Medicare Payment And Volume Measures

84057

UTAH

8017146000

84341

CACHE

4357139700

84341

CACHE

4357139700

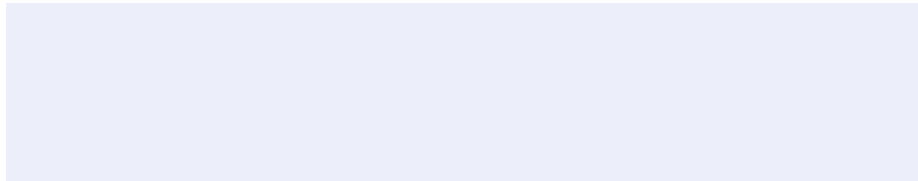
05641

WASHINGTON

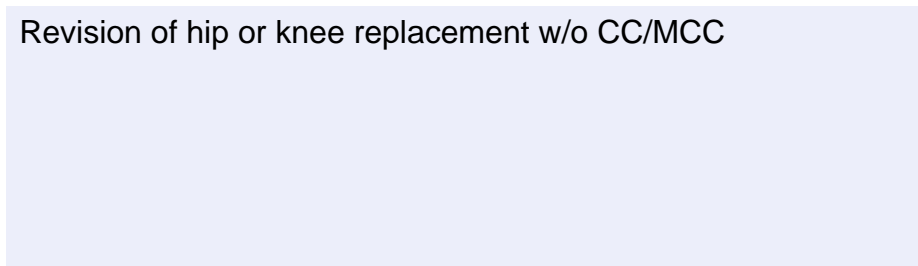
8023714100

# knee

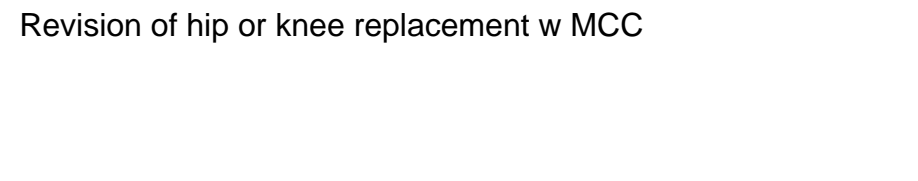
Based on Hospital Medicare Payment And Volume Measures



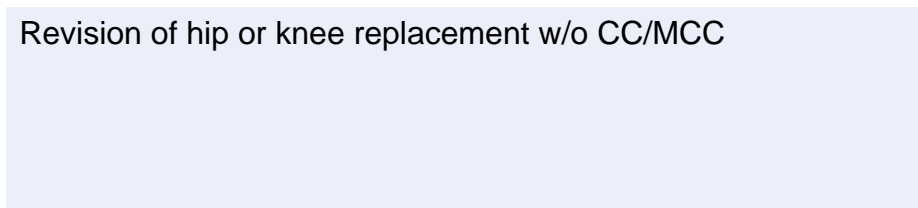
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC




Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$13396.00 \*



\$12578.00 \*

\$20128.00 \*



\$18037.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

470003	FLETCHER ALLEN HOSPITAL OF VERMONT	111 COLCHESTER AVE
470003	FLETCHER ALLEN HOSPITAL OF VERMONT	111 COLCHESTER AVE
470003	FLETCHER ALLEN HOSPITAL OF VERMONT	111 COLCHESTER AVE
470005	RUTLAND REGIONAL MEDICAL CENTER	160 ALLEN ST
470005	RUTLAND REGIONAL MEDICAL CENTER	160 ALLEN ST
470005	RUTLAND REGIONAL MEDICAL CENTER	160 ALLEN ST

# knee

Based on Hospital Medicare Payment And Volume Measures

BURLINGTON VT

BURLINGTON VT

BURLINGTON VT

RUTLAND VT

RUTLAND VT

RUTLAND VT

# knee

Based on Hospital Medicare Payment And Volume Measures

05401	CHITTENDEN	8028470000
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05401	CHITTENDEN	8028470000
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05401	CHITTENDEN	8028470000
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05701	RUTLAND	8027757111
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05701	RUTLAND	8027757111
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05701	RUTLAND	8027757111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21012.00	11
	\$47964.00 *	
	\$26270.00	14
	\$20512.00 *	
	\$30432.00 *	
	\$15205.00	12

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

470011	BRATTLEBORO MEMORIAL HOSPITAL	17 BELMONT AVE
470011	BRATTLEBORO MEMORIAL HOSPITAL	17 BELMONT AVE
470012	SOUTHWESTERN VERMONT MEDICAL CENTER	100 HOSPITAL DRIVE
470012	SOUTHWESTERN VERMONT MEDICAL CENTER	100 HOSPITAL DRIVE
470024	NORTHWESTERN MEDICAL CENTER INC	133 FAIRFIELD STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

BRATTLEBORO VT

BRATTLEBORO VT

BENNINGTON VT

BENNINGTON VT

SAINT ALBANS VT

# knee

Based on Hospital Medicare Payment And Volume Measures

05301	WINDHAM	8022570341
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05301	WINDHAM	8022570341
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05201	BENNINGTON	8024426361
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05201	BENNINGTON	8024426361
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05478	FRANKLIN	8025241231
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19650.00 \*

\$22911.00 \*

\$19075.00 \*

\$12950.00 \*

\$15380.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

480001	ROY LESTER SCHNEIDER HOSPITAL,THE	9048 SUGAR ESTATE
490005	WINCHESTER MEDICAL CENTER INC	220 CAMPUS BLVD SUITE 210
490005	WINCHESTER MEDICAL CENTER INC	220 CAMPUS BLVD SUITE 210
490005	WINCHESTER MEDICAL CENTER INC	220 CAMPUS BLVD SUITE 210
490007	SENTARA NORFOLK GENERAL HOSPITAL	600 GRESHAM DR

# knee

Based on Hospital Medicare Payment And Volume Measures

ST THOMAS	VI
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WINCHESTER	VA
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WINCHESTER	VA
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WINCHESTER	VA
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NORFOLK	VA
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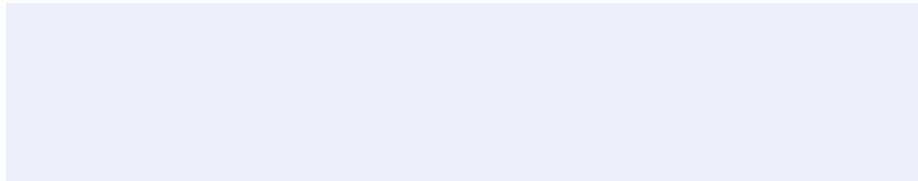
# knee

Based on Hospital Medicare Payment And Volume Measures

00801	SAINT THOMAS	8097768311
22601	WINCHESTER CITY	5405367654
22601	WINCHESTER CITY	5405367654
22601	WINCHESTER CITY	5405367654
23507	NORFOLK CITY	7573883000

# knee

Based on Hospital Medicare Payment And Volume Measures

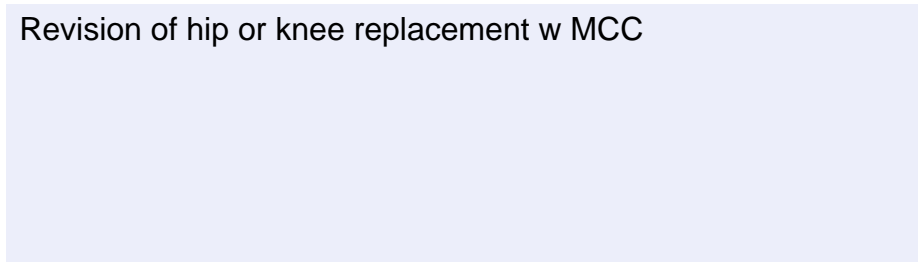


Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$2690.00 \*

\$14969.00 16

\$18714.00 20

\$27757.00 \*

\$1433.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

490009	UNIVERSITY OF VIRGINIA MEDICAL CENTER	JEFFERSON PARK AVE
490009	UNIVERSITY OF VIRGINIA MEDICAL CENTER	JEFFERSON PARK AVE
490009	UNIVERSITY OF VIRGINIA MEDICAL CENTER	JEFFERSON PARK AVE
490011	BON SECOURS - DEPAUL MEDICAL CENTER	150 KINGSLEY LANE
490011	BON SECOURS - DEPAUL MEDICAL CENTER	150 KINGSLEY LANE
490013	HALIFAX REGIONAL HOSPITAL	2204 WILBORN AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CHARLOTTESVILL VA  
E

CHARLOTTESVILL VA  
E

CHARLOTTESVILL VA  
E

NORFOLK VA

NORFOLK VA

HALIFAX VA



# knee

Based on Hospital Medicare Payment And Volume Measures

22908	CHARLOTTESVILLE CITY	8002513627
22908	CHARLOTTESVILLE CITY	8002513627
22908	CHARLOTTESVILLE CITY	8002513627
23505	NORFOLK CITY	7578895000
23505	NORFOLK CITY	7578895000
24558	HALIFAX	4345173100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21231.00	45
	\$26452.00	19
	\$34858.00 *	
	\$21437.00 *	
	\$15040.00 *	
	\$15042.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures



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# knee

Based on Hospital Medicare Payment And Volume Measures

490013	HALIFAX REGIONAL HOSPITAL	2204 WILBORN AVENUE
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490017	BON SECOURS - MARYVIEW MEDICAL CENTER	3636 HIGH STREET
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490017	BON SECOURS - MARYVIEW MEDICAL CENTER	3636 HIGH STREET
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490017	BON SECOURS - MARYVIEW MEDICAL CENTER	3636 HIGH STREET
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490018	AUGUSTA HEALTH	78 MEDICAL CENTER DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

HALIFAX VA

PORTSMOUTH VA

PORTSMOUTH VA

PORTSMOUTH VA

FISHERSVILLE VA

# knee

Based on Hospital Medicare Payment And Volume Measures

24558	HALIFAX	4345173100
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23707	PORTSMOUTH CITY	7573982200
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23707	PORTSMOUTH CITY	7573982200
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23707	PORTSMOUTH CITY	7573982200
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22939	AUGUSTA	5409324000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$39646.00 \*

\$15463.00

13

\$24920.00 \*

\$14843.00 \*

\$14250.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

490018

AUGUSTA HEALTH

78 MEDICAL CENTER DRIVE

490018

AUGUSTA HEALTH

78 MEDICAL CENTER DRIVE

490019

CULPEPER REGIONAL HOSPITAL

501 SUNSET LANE

490019

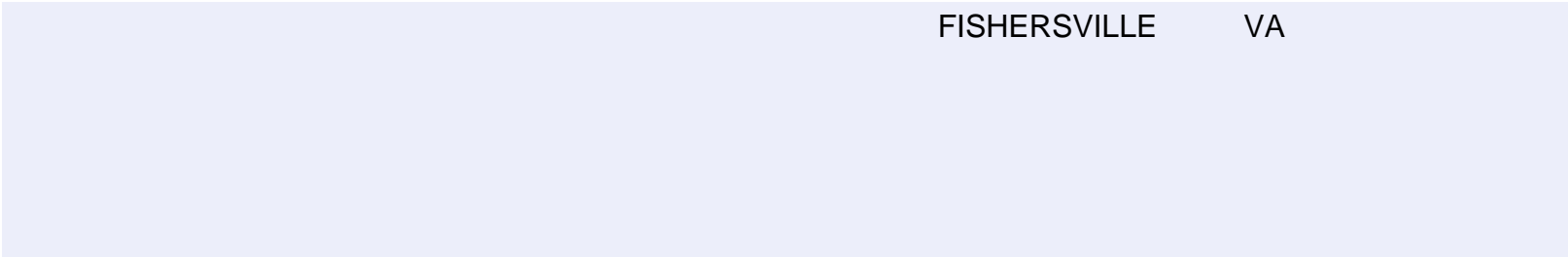
CULPEPER REGIONAL HOSPITAL

501 SUNSET LANE

# knee

Based on Hospital Medicare Payment And Volume Measures

FISHERSVILLE VA



CULPEPER VA



# knee

Based on Hospital Medicare Payment And Volume Measures

22939	AUGUSTA	5409324000
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22939	AUGUSTA	5409324000
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22701	CULPEPER	5408294100
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22701	CULPEPER	5408294100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$24703.00 \*

\$23090.00 \*

\$18571.00 \*

\$27545.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490019	CULPEPER REGIONAL HOSPITAL	501 SUNSET LANE
490020	JOHN RANDOLPH MEDICAL CENTER	411 WEST RANDOLPH ROAD
490021	CENTRA HEALTH	1920 ATHERHOLT ROAD
490021	CENTRA HEALTH	1920 ATHERHOLT ROAD
490021	CENTRA HEALTH	1920 ATHERHOLT ROAD
490022	MARY WASHINGTON HOSPITAL, INC	1001 SAM PERRY

# knee

Based on Hospital Medicare Payment And Volume Measures

CULPEPER VA

HOPEWELL VA

LYNCHBURG VA

LYNCHBURG VA

LYNCHBURG VA

FREDERICKSBUR VA

# knee

Based on Hospital Medicare Payment And Volume Measures

22701	CULPEPER	5408294100
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23860	HOPEWELL CITY	8045411600
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24501	LYNCHBURG CITY	4349474705
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24501	LYNCHBURG CITY	4349474705
-------	----------------	------------

24501	LYNCHBURG CITY	4349474705
-------	----------------	------------

22401	FREDERICKSBURG CITY	5407411100
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14984.00 \*

\$22676.00 \*

\$17094.00

41

\$25354.00 \*

\$13691.00 \*

\$17705.00

18

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

BOULEVARD  
1001 SAM PERRY  
BOULEVARD

490022

MARY WASHINGTON HOSPITAL, INC

1001 SAM PERRY  
BOULEVARD

490022

MARY WASHINGTON HOSPITAL, INC

500 HOSPITAL DRIVE

490023

THE FAUQUIER HOSPITAL, INC

500 HOSPITAL DRIVE

490023

THE FAUQUIER HOSPITAL, INC

500 HOSPITAL DRIVE

490023

THE FAUQUIER HOSPITAL, INC

# knee

Based on Hospital Medicare Payment And Volume Measures

G  
FREDERICKSBUR VA  
G

FREDERICKSBUR VA  
G

WARRENTON VA

WARRENTON VA

WARRENTON VA



# knee

Based on Hospital Medicare Payment And Volume Measures

22401	FREDERICKSBURG CITY	5407411100
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22401	FREDERICKSBURG CITY	5407411100
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20186	FAUQUIER	5403165000
-------	----------	------------

20186	FAUQUIER	5403165000
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20186	FAUQUIER	5403165000
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27830.00 \*

\$22134.00 \*

\$17778.00 \*

\$26368.00 \*

\$14220.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

490024	CARILION MEDICAL CENTER	1906 BELLEVIEW AVENUE
490024	CARILION MEDICAL CENTER	1906 BELLEVIEW AVENUE
490024	CARILION MEDICAL CENTER	1906 BELLEVIEW AVENUE
490027	MOUNTAIN VIEW REGIONAL MEDICAL CENTER	310 THIRD STREET NE
490032	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM	1250 EAST MARSHALL STREET
490032	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM	1250 EAST MARSHALL STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

ROANOKE VA

ROANOKE VA

ROANOKE VA

NORTON VA

RICHMOND VA

RICHMOND VA

# knee

Based on Hospital Medicare Payment And Volume Measures

24033	ROANOKE CITY	5409817000
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24033	ROANOKE CITY	5409817000
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24033	ROANOKE CITY	5409817000
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24273	NORTON CITY	2766799174
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23298	RICHMOND CITY	8048280938
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23298	RICHMOND CITY	8048280938
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15021.00	33
	\$22894.00 *	
	\$16233.00	42
	\$17304.00 *	
	\$20017.00	13
	\$37117.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490032	VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM	1250 EAST MARSHALL STREET
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490040	INOVA ALEXANDRIA HOSPITAL	4320 SEMINARY RD
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490040	INOVA ALEXANDRIA HOSPITAL	4320 SEMINARY RD
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490040	INOVA ALEXANDRIA HOSPITAL	4320 SEMINARY RD
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490041	MARY IMMACULATE HOSPITAL	2 BERNARDINE DRIVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

RICHMOND	VA
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ALEXANDRIA	VA
------------	----

ALEXANDRIA	VA
------------	----

ALEXANDRIA	VA
------------	----

NEWPORT NEWS	VA
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# knee

Based on Hospital Medicare Payment And Volume Measures

23298	RICHMOND CITY	8048280938
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22304	ALEXANDRIA CITY	7035043000
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22304	ALEXANDRIA CITY	7035043000
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22304	ALEXANDRIA CITY	7035043000
-------	-----------------	------------

23602	NEWPORT NEWS CITY	7578866768
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$25025.00	30
	\$15048.00 *	
	\$18813.00 *	
	\$27904.00 *	
	\$19832.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490041	MARY IMMACULATE HOSPITAL	2 BERNARDINE DRIVE
490041	MARY IMMACULATE HOSPITAL	2 BERNARDINE DRIVE
490043	INOVA LOUDOUN HOSPITAL	44045 RIVERSIDE PARKWAY

490043	INOVA LOUDOUN HOSPITAL	44045 RIVERSIDE PARKWAY
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490044	SENTARA OBICI HOSPITAL	2800 GODWIN BOULEVARD
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490044	SENTARA OBICI HOSPITAL	2800 GODWIN BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

NEWPORT NEWS VA

NEWPORT NEWS VA

LEESBURG VA

LEESBURG VA

SUFFOLK VA

SUFFOLK VA

# knee

Based on Hospital Medicare Payment And Volume Measures

23602	NEWPORT NEWS CITY	7578866768
23602	NEWPORT NEWS CITY	7578866768
20176	LOUDOUN	7038586600

20176	LOUDOUN	7038586600
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23439	SUFFOLK CITY	7579344000
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23439	SUFFOLK CITY	7579344000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15365.00 18

\$13120.00 32

\$16282.00 \*

\$14923.00 \*

\$13666.00 \*

\$17116.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490044	SENTARA OBICI HOSPITAL	2800 GODWIN BOULEVARD
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490045	PRINCE WILLIAM HOSPITAL	8700 SUDLEY RD
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490045	PRINCE WILLIAM HOSPITAL	8700 SUDLEY RD
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490046	SENTARA LEIGH HOSPITAL	830 KEMPSVILLE ROAD
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490046	SENTARA LEIGH HOSPITAL	830 KEMPSVILLE ROAD
--------	------------------------	---------------------

490046	SENTARA LEIGH HOSPITAL	830 KEMPSVILLE ROAD
--------	------------------------	---------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SUFFOLK	VA
---------	----

MANASSAS	VA
----------	----

MANASSAS	VA
----------	----

NORFOLK	VA
---------	----

NORFOLK	VA
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NORFOLK	VA
---------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

23439	SUFFOLK CITY	7579344000
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20110	MANASSAS CITY	7033698000
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20110	MANASSAS CITY	7033698000
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23502	NORFOLK CITY	7572616601
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23502	NORFOLK CITY	7572616601
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23502	NORFOLK CITY	7572616601
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

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\$76.00 \*

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\$15386.00 \*

\$15208.00 \*

	\$12875.00	30
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\$13414.00 39

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\$23874.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490048	LEWIS-GALE MEDICAL CENTER, LLC	1900 ELECTRIC ROAD
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490048	LEWIS-GALE MEDICAL CENTER, LLC	1900 ELECTRIC ROAD
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490048	LEWIS-GALE MEDICAL CENTER, LLC	1900 ELECTRIC ROAD
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490050	VIRGINIA HOSPITAL CENTER - ARLINGTON	1701 NORTH GEORGE MASON DRIVE
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490050	VIRGINIA HOSPITAL CENTER - ARLINGTON	1701 NORTH GEORGE MASON DRIVE
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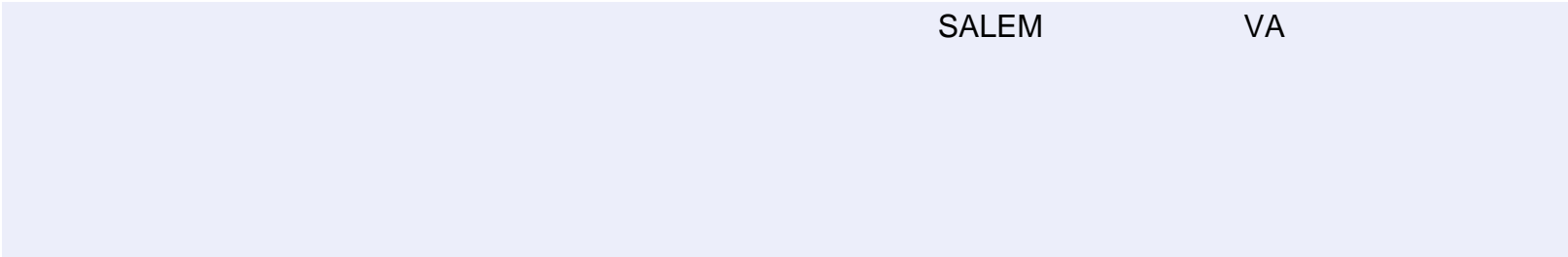
# knee

Based on Hospital Medicare Payment And Volume Measures



SALEM

VA



SALEM

VA



ARLINGTON

VA

ARLINGTON

VA

# knee

Based on Hospital Medicare Payment And Volume Measures

24153	SALEM	5407764100
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24153	SALEM	5407764100
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24153	SALEM	5407764100
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22205	ARLINGTON	7035585000
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22205	ARLINGTON	7035585000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures



\$12677.00 \*



\$13179.00 \*

\$12648.00 \*



\$15698.00

17

\$19625.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490050	VIRGINIA HOSPITAL CENTER - ARLINGTON	1701 NORTH GEORGE MASON DRIVE
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490052	RIVERSIDE REGIONAL MEDICAL CENTER	500 J CLYDE MORRIS BLVD
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490052	RIVERSIDE REGIONAL MEDICAL CENTER	500 J CLYDE MORRIS BLVD
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490052	RIVERSIDE REGIONAL MEDICAL CENTER	500 J CLYDE MORRIS BLVD
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490053	JOHNSTON MEMORIAL HOSPITAL	351 COURT STREET, NE
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# knee

Based on Hospital Medicare Payment And Volume Measures

ARLINGTON VA

NEWPORT NEWS VA

NEWPORT NEWS VA

NEWPORT NEWS VA

ABINGDON VA

# knee

Based on Hospital Medicare Payment And Volume Measures

22205	ARLINGTON	7035585000
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23601	NEWPORT NEWS CITY	7575942000
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23601	NEWPORT NEWS CITY	7575942000
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23601	NEWPORT NEWS CITY	7575942000
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24210	WASHINGTON	2766767000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

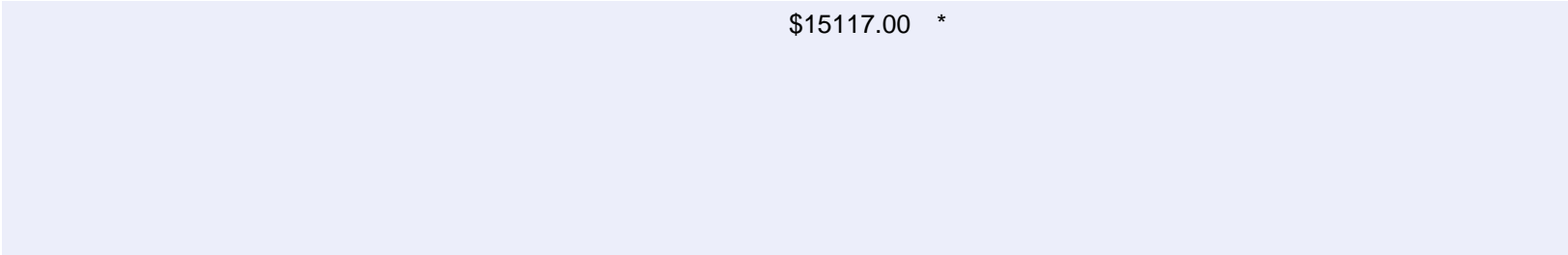
# knee

Based on Hospital Medicare Payment And Volume Measures

\$23705.00 \*



\$15750.00 23



\$12989.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490053	JOHNSTON MEMORIAL HOSPITAL	351 COURT STREET, NE
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490053	JOHNSTON MEMORIAL HOSPITAL	351 COURT STREET, NE
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490057	SENTARA VIRGINIA BEACH GENERAL HOSPITAL	1060 FIRST COLONIAL ROAD
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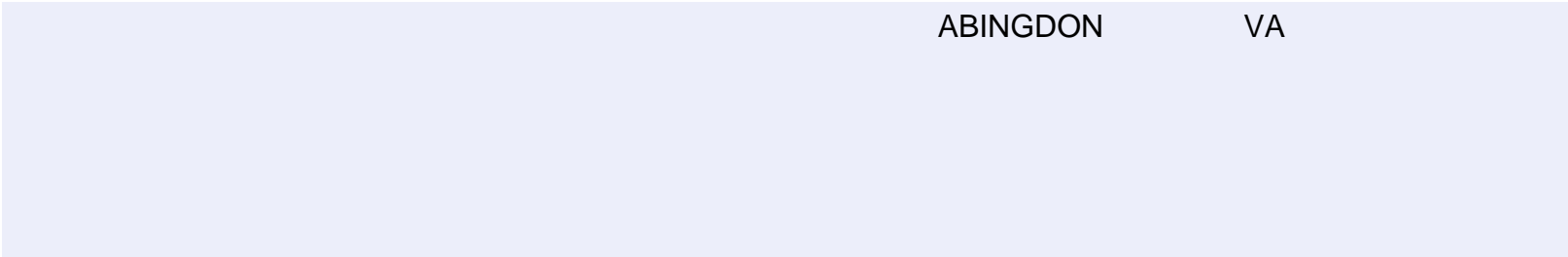
490057	SENTARA VIRGINIA BEACH GENERAL HOSPITAL	1060 FIRST COLONIAL ROAD
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490057	SENTARA VIRGINIA BEACH GENERAL HOSPITAL	1060 FIRST COLONIAL ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

ABINGDON VA



ABINGDON VA

VIRGINIA BEACH VA



VIRGINIA BEACH VA

VIRGINIA BEACH VA

# knee

Based on Hospital Medicare Payment And Volume Measures

24210	WASHINGTON	2766767000
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24210	WASHINGTON	2766767000
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23454	VIRGINIA BEACH CITY	7573958000
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23454	VIRGINIA BEACH CITY	7573958000
-------	---------------------	------------

23454	VIRGINIA BEACH CITY	7573958000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16291.00 \*

\$22784.00 \*

\$19089.00 \*

\$15871.00

11

\$10580.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

490059	BON SECOURS - ST MARYS HOSPITAL OF RICHMOND	5801 BREMO RD
490059	BON SECOURS - ST MARYS HOSPITAL OF RICHMOND	5801 BREMO RD
490059	BON SECOURS - ST MARYS HOSPITAL OF RICHMOND	5801 BREMO RD
490063	INOVA FAIRFAX HOSPITAL	3300 GALLOWS RD
490063	INOVA FAIRFAX HOSPITAL	3300 GALLOWS RD
490063	INOVA FAIRFAX HOSPITAL	3300 GALLOWS RD
490066	SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER	100 SENTARA CIRCLE

# knee

Based on Hospital Medicare Payment And Volume Measures

RICHMOND VA

RICHMOND VA

RICHMOND VA

FALLS CHURCH VA

FALLS CHURCH VA

FALLS CHURCH VA

WILLIAMSBURG VA



# knee

Based on Hospital Medicare Payment And Volume Measures

23226	HENRICO	8042852011
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23226	HENRICO	8042852011
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23226	HENRICO	8042852011
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22042	FAIRFAX	7037763332
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22042	FAIRFAX	7037763332
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22042	FAIRFAX	7037763332
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23188	JAMES CITY	7579846000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13461.00 32

\$16830.00 25

\$24962.00 \*

\$16992.00 13

\$31509.00 \*

\$21244.00 16

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490066	SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER	100 SENTARA CIRCLE
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490066	SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER	100 SENTARA CIRCLE
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490067	SOUTHSIDE REGIONAL MEDICAL CENTER	200 MEDICAL PARK BOULEVARD
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490067	SOUTHSIDE REGIONAL MEDICAL CENTER	200 MEDICAL PARK BOULEVARD
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490067	SOUTHSIDE REGIONAL MEDICAL CENTER	200 MEDICAL PARK BOULEVARD
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# knee

Based on Hospital Medicare Payment And Volume Measures

WILLIAMSBURG	VA
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WILLIAMSBURG	VA
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PETERSBURG	VA
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PETERSBURG	VA
------------	----

PETERSBURG	VA
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# knee

Based on Hospital Medicare Payment And Volume Measures

23188	JAMES CITY	7579846000
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23188	JAMES CITY	7579846000
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23805	PETERSBURG CITY	8047655000
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23805	PETERSBURG CITY	8047655000
-------	-----------------	------------

23805	PETERSBURG CITY	8047655000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$23434.00 \*

\$12637.00 \*

\$14916.00 \*

\$27659.00 \*

\$18648.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

490069

BON SECOURS - MEMORIAL  
REGIONAL MEDICAL

8260 ATLEE ROAD

490069

BON SECOURS - MEMORIAL  
REGIONAL MEDICAL

8260 ATLEE ROAD

490069

BON SECOURS - MEMORIAL  
REGIONAL MEDICAL

8260 ATLEE ROAD

490075

DANVILLE REGIONAL MEDICAL  
CENTER

142 SOUTH MAIN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

MECHANICSVILLE VA

MECHANICSVILLE VA

MECHANICSVILLE VA

DANVILLE VA

# knee

Based on Hospital Medicare Payment And Volume Measures

23116

HANOVER

8047646000

23116

HANOVER

8047646000

23116

HANOVER

8047646000

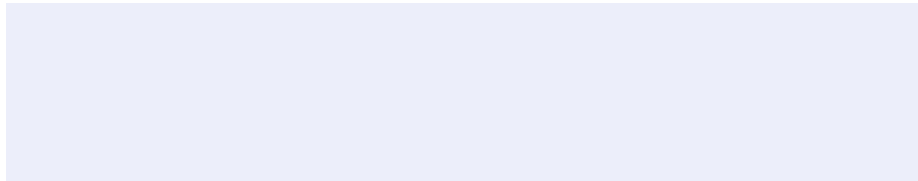
24541

DANVILLE CITY

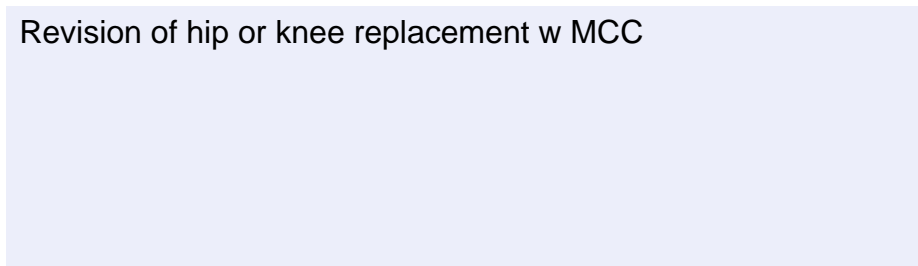
4347992100

# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16152.00 \*

\$23307.00 \*

\$12918.00 \*

\$41072.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490075	DANVILLE REGIONAL MEDICAL CENTER	142 SOUTH MAIN STREET
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490077	MARTHA JEFFERSON HOSPITAL	459 LOCUST AVE
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490077	MARTHA JEFFERSON HOSPITAL	459 LOCUST AVE
--------	---------------------------	----------------

490077	MARTHA JEFFERSON HOSPITAL	459 LOCUST AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

DANVILLE VA

CHARLOTTESVILLE VA  
E

CHARLOTTESVILLE VA  
E

CHARLOTTESVILLE VA  
E

# knee

Based on Hospital Medicare Payment And Volume Measures

24541	DANVILLE CITY	4347992100
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22902	ALBEMARLE	4346547326
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22902	ALBEMARLE	4346547326
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22902	ALBEMARLE	4346547326
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14487.00 \*

\$17185.00 \*

\$27150.00 \*

\$13367.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490090	SOUTHSIDE COMMUNITY HOSPITAL, INC	800 OAK STREET
490092	SOUTHAMPTON MEMORIAL HOSPITAL	100 FAIRVIEW DRIVE
490093	SENTARA CAREPLEX HOSPITAL	3000 COLISEUM DRIVE
490093	SENTARA CAREPLEX HOSPITAL	3000 COLISEUM DRIVE
490093	SENTARA CAREPLEX HOSPITAL	3000 COLISEUM DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

FARMVILLE VA

FRANKLIN VA

HAMPTON VA

HAMPTON VA

HAMPTON VA



# knee

Based on Hospital Medicare Payment And Volume Measures

23901	PRINCE EDWARD	4343928811
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23851	FRANKLIN CITY	7575696100
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23666	HAMPTON CITY	7577361000
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23666	HAMPTON CITY	7577361000
-------	--------------	------------

23666	HAMPTON CITY	7577361000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16565.00 \*

\$13865.00 \*

\$13552.00 \*

\$16943.00 \*

\$26840.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

490097

SOUTHERN VIRGINIA REGIONAL  
MEDICAL CENTER

727 NORTH MAIN STREET

490098

COMMUNITY MEMORIAL  
HEALTHCENTER, INC

125 BUENA VISTA CIRCLE

490101

INOVA FAIR OAKS HOSPITAL

3600 JOSEPH SIEWICK  
DRIVE

490101

INOVA FAIR OAKS HOSPITAL

3600 JOSEPH SIEWICK  
DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

EMPORIA VA

SOUTH HILL VA

FAIRFAX VA

FAIRFAX VA

# knee

Based on Hospital Medicare Payment And Volume Measures

23847

Emporia City

4343484400

23970

MECKLENBURG

4344473151

22033

FAIRFAX

7033913600

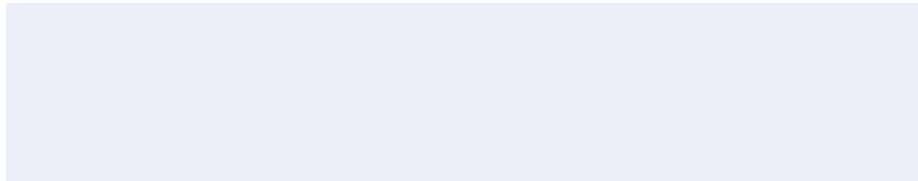
22033

FAIRFAX

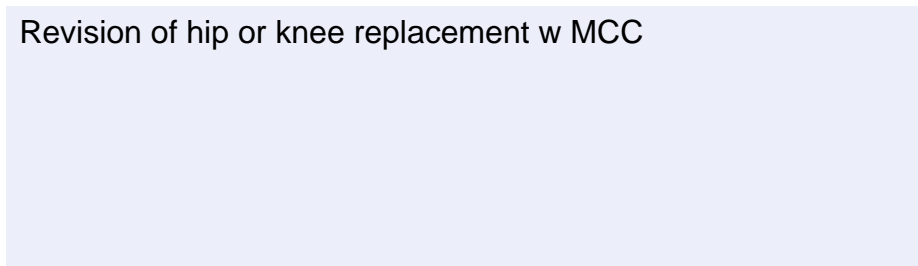
7033913600

# knee

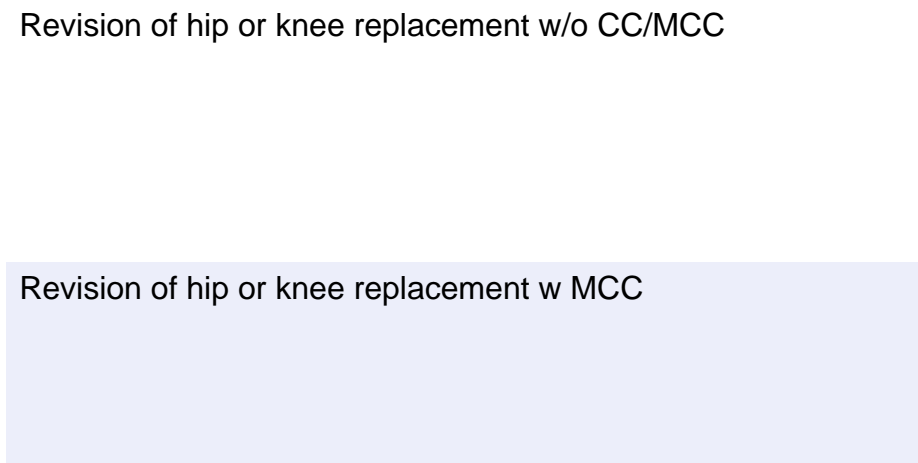
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$17911.00 \*

\$24569.00 \*

\$15034.00 \*

\$29118.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490101	INOVA FAIR OAKS HOSPITAL	3600 JOSEPH SIEWICK DRIVE
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490107	RESTON HOSPITAL CENTER	1850 TOWN CENTER PARKWAY
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490107	RESTON HOSPITAL CENTER	1850 TOWN CENTER PARKWAY
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490107	RESTON HOSPITAL CENTER	1850 TOWN CENTER PARKWAY
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490110	MONTGOMERY REGIONAL HOSPITAL	3700 SOUTH MAIN STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

FAIRFAX VA

RESTON VA

RESTON VA

RESTON VA

BLACKSBURG VA

# knee

Based on Hospital Medicare Payment And Volume Measures

22033	FAIRFAX	7033913600
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20190	FAIRFAX	7036899018
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20190	FAIRFAX	7036899018
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20190	FAIRFAX	7036899018
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24060	MONTGOMERY	5409511111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18710.00 *	
	\$16682.00 *	
	\$28454.00 *	
	\$14556.00	17
	\$13474.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490110	MONTGOMERY REGIONAL HOSPITAL	3700 SOUTH MAIN STREET
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490110	MONTGOMERY REGIONAL HOSPITAL	3700 SOUTH MAIN STREET
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490111	WYTHE COUNTY COMMUNITY HOSPITAL	600 WEST RIDGE ROAD
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490112	CJW MEDICAL CENTER	1401 JOHNSTON WILLIS DRIVE
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490112	CJW MEDICAL CENTER	1401 JOHNSTON WILLIS DRIVE
--------	--------------------	-------------------------------

490112	CJW MEDICAL CENTER	1401 JOHNSTON WILLIS DRIVE
--------	--------------------	-------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

BLACKSBURG VA

BLACKSBURG	VA
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WYTHEVILLE VA

RICHMOND	VA
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RICHMOND VA

RICHMOND	VA
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

24060	MONTGOMERY	5409511111
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24060	MONTGOMERY	5409511111
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24382	WYTHE	2762280200
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23235	CHESTERFIELD	8043302001
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23235	CHESTERFIELD	8043302001
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23235	CHESTERFIELD	8043302001
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$53789.00 \*

\$16836.00 \*

\$17433.00 \*

\$13583.00 15

\$16982.00 18

\$25188.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490113

POTOMAC HOSPITAL

2300 OPITZ BOULEVARD

490114

WELLMONT LONESOME PINE  
HOSPITAL

1990 HOLTON AVENUE EAST

490114

WELLMONT LONESOME PINE  
HOSPITAL

1990 HOLTON AVENUE EAST

490118

HENRICO DOCTORS' HOSPITAL

1602 SKIPWITH ROAD

490118

HENRICO DOCTORS' HOSPITAL

1602 SKIPWITH ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

WOODBIDGE VA

BIG STONE GAP VA

BIG STONE GAP VA

RICHMOND VA

RICHMOND VA



# knee

Based on Hospital Medicare Payment And Volume Measures

22191	PRINCE WILLIAM	7036701313
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24219	WISE	7035233111
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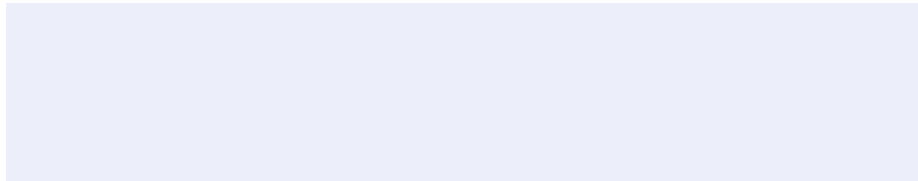
24219	WISE	7035233111
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23229	HENRICO	8042894500
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23229	HENRICO	8042894500
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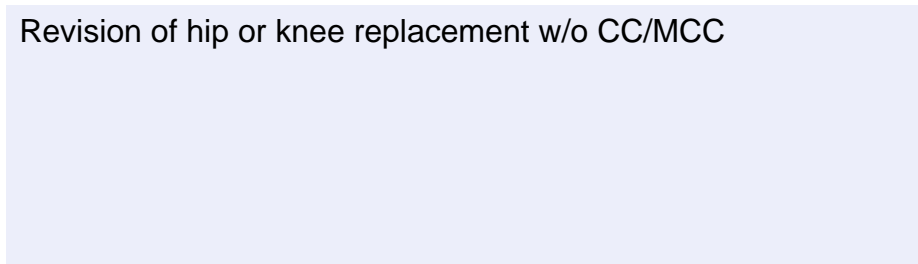
# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



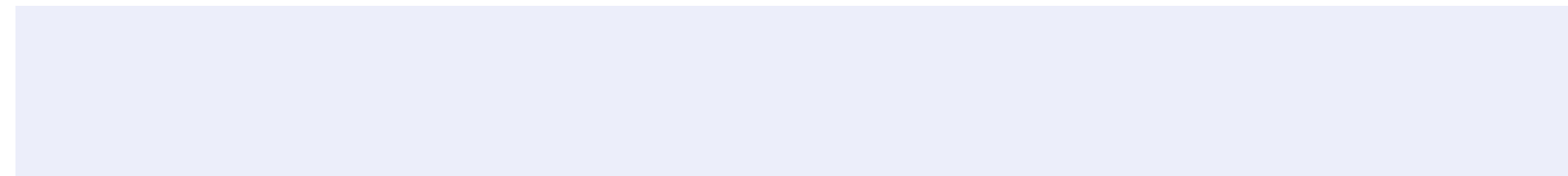
Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$19710.00 \*



\$13689.00 \*

\$26283.00 \*



\$12926.00

\$24539.00 \*

37

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

490118	HENRICO DOCTORS' HOSPITAL	1602 SKIPWITH ROAD
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490120	CHESAPEAKE GENERAL HOSPITAL	736 BATTLEFIELD BLVD NORTH
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490120	CHESAPEAKE GENERAL HOSPITAL	736 BATTLEFIELD BLVD NORTH
--------	-----------------------------	-------------------------------

490120	CHESAPEAKE GENERAL HOSPITAL	736 BATTLEFIELD BLVD NORTH
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# knee

Based on Hospital Medicare Payment And Volume Measures

RICHMOND VA

CHESAPEAKE VA

CHESAPEAKE VA

CHESAPEAKE VA

# knee

Based on Hospital Medicare Payment And Volume Measures

23229

HENRICO

8042894500

23320

CHESAPEAKE CITY

7573128121

23320

CHESAPEAKE CITY

7573128121

23320

CHESAPEAKE CITY

7573128121

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16563.00 \*

\$13125.00 \*

\$16408.00 \*

\$33498.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
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small number of Medicare  
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small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

490122	INOVA MOUNT VERNON HOSPITAL	2501 PARKERS LANE
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490122	INOVA MOUNT VERNON HOSPITAL	2501 PARKERS LANE
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490122	INOVA MOUNT VERNON HOSPITAL	2501 PARKERS LANE
--------	-----------------------------	-------------------

490123	RAPPAHANNOCK GENERAL HOSPITAL	101 HARRIS ROAD
--------	----------------------------------	-----------------

490123	RAPPAHANNOCK GENERAL HOSPITAL	101 HARRIS ROAD
--------	----------------------------------	-----------------

490126	ALLEGHANY REGIONAL HOSPITAL	ONE ARH LANE
--------	-----------------------------	--------------

# knee

Based on Hospital Medicare Payment And Volume Measures

ALEXANDRIA	VA
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ALEXANDRIA	VA
------------	----

ALEXANDRIA	VA
------------	----

KILMARNOCK	VA
------------	----

KILMARNOCK	VA
------------	----

LOW MOOR	VA
----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

22306	FAIRFAX	7036647000
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22306	FAIRFAX	7036647000
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22306	FAIRFAX	7036647000
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22482	LANCASTER	8044358000
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22482	LANCASTER	8044358000
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24457	ALLEGHANY	5408626011
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

			\$23699.00	*
			\$18191.00	30
			\$14551.00	66
			\$12396.00	*
			\$15497.00	*
			\$11036.00	*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

490136	BON SECOURS - ST FRANCIS MEDICAL CENTER	13700 STFRANCIS BLVD SUITE 100
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490136	BON SECOURS - ST FRANCIS MEDICAL CENTER	13700 STFRANCIS BLVD SUITE 100
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490136	BON SECOURS - ST FRANCIS MEDICAL CENTER	13700 STFRANCIS BLVD SUITE 100
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490140	STAFFORD HOSPITAL CENTER	101 HOSPITAL CENTER BOULEVARD, SUITE 307
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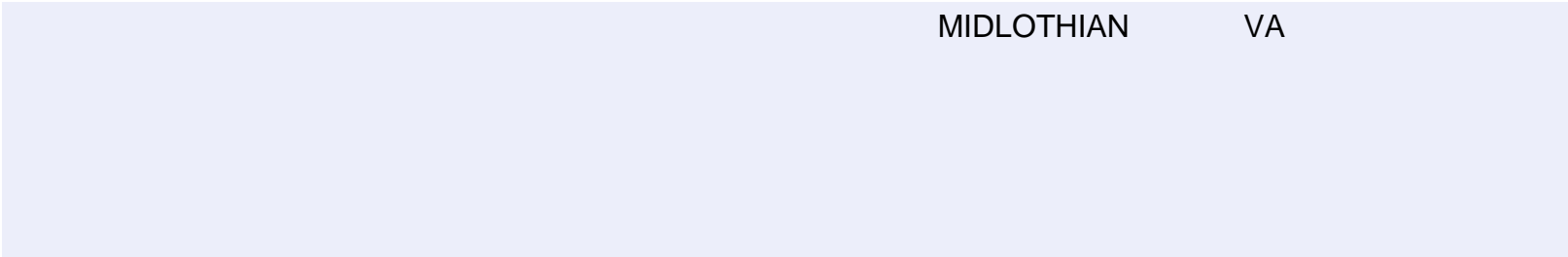
500001	NORTHWEST HOSPITAL	1550 NORTH 115TH STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

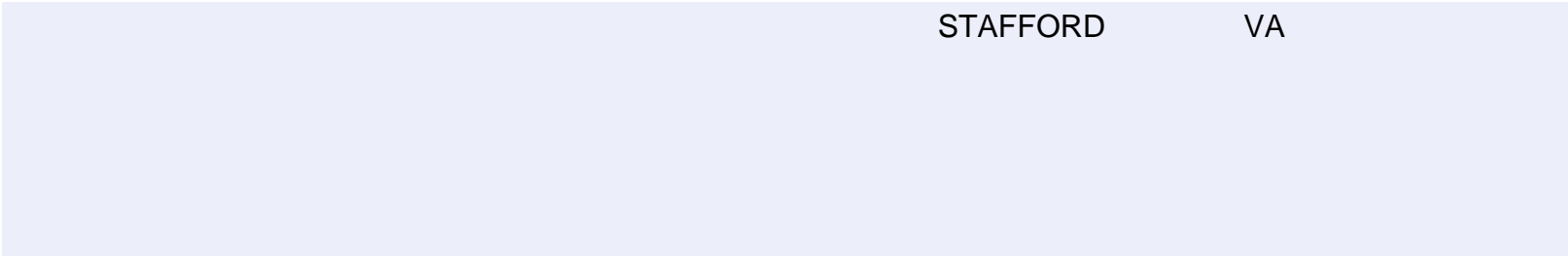


MIDLOTHIAN VA



MIDLOTHIAN VA

MIDLOTHIAN VA



STAFFORD VA

SEATTLE WA

# knee

Based on Hospital Medicare Payment And Volume Measures

23114	CHESTERFIELD	8045947400
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23114	CHESTERFIELD	8045947400
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23114	CHESTERFIELD	8045947400
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22554	STAFFORD	5407419033
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98133	KING	2063640500
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$11265.00 \*

\$16130.00 \*

\$23925.00 \*

\$12881.00 \*

\$15088.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

500001	NORTHWEST HOSPITAL	1550 NORTH 115TH STREET
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500001	NORTHWEST HOSPITAL	1550 NORTH 115TH STREET
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500002	PROVIDENCE ST MARY MEDICAL CENTER	401 W POPLAR ST
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500002	PROVIDENCE ST MARY MEDICAL CENTER	401 W POPLAR ST
--------	--------------------------------------	-----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

SEATTLE

WA

SEATTLE

WA

WALLA WALLA

WA

WALLA WALLA

WA



# knee

Based on Hospital Medicare Payment And Volume Measures

98133

KING

2063640500

98133

KING

2063640500

99362

WALLA WALLA

5095225900

99362

WALLA WALLA

5095225900

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27979.00 \*

\$18863.00 \*

\$20381.00 \*

\$16350.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

500002	PROVIDENCE ST MARY MEDICAL CENTER	401 W POPLAR ST
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500003	SKAGIT VALLEY HOSPITAL	1415 KINCAID STREET
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500003	SKAGIT VALLEY HOSPITAL	1415 KINCAID STREET
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500003	SKAGIT VALLEY HOSPITAL	1415 KINCAID STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

WALLA WALLA WA

MOUNT VERNON WA

MOUNT VERNON WA

MOUNT VERNON WA

# knee

Based on Hospital Medicare Payment And Volume Measures

99362	WALLA WALLA	5095225900
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98274	SKAGIT	3604244111
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98274	SKAGIT	3604244111
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98274	SKAGIT	3604244111
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14632.00 \*

\$16882.00 \*

\$31304.00 \*

\$21105.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

500005	VIRGINIA MASON MEDICAL CENTER	1100 NINTH AVENUE (PO BOX 900)
500005	VIRGINIA MASON MEDICAL CENTER	1100 NINTH AVENUE (PO BOX 900)
500007	ISLAND HOSPITAL	1211 24TH STREET
500007	ISLAND HOSPITAL	1211 24TH STREET
500008	UNIVERSITY OF WASHINGTON MEDICAL CTR	1959 NE PACIFIC ST
500008	UNIVERSITY OF WASHINGTON MEDICAL CTR	1959 NE PACIFIC ST
500008	UNIVERSITY OF WASHINGTON	1959 NE PACIFIC ST

# knee

Based on Hospital Medicare Payment And Volume Measures

SEATTLE	WA
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SEATTLE	WA
---------	----

ANACORTES	WA
-----------	----

ANACORTES	WA
-----------	----

SEATTLE	WA
---------	----

SEATTLE	WA
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SEATTLE	WA
---------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

98111	KING	2062236600
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98111	KING	2062236600
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98221	SKAGIT	3602991300
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98221	SKAGIT	3602991300
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98195	KING	2065983300
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98195	KING	2065983300
-------	------	------------

98195	KING	2065983300
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$18668.00	30
	\$10299.00 *	
	\$15319.00 *	
	\$27600.00 *	
	\$43296.00	11
	\$29076.00	19
	\$23257.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

## MEDICAL CTR

500011	HIGHLINE MEDICAL CENTER	16251 SYLVESTER ROAD SW
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500011	HIGHLINE MEDICAL CENTER	16251 SYLVESTER ROAD SW
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500012	YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	110 SOUTH NINTH AVE
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500012	YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	110 SOUTH NINTH AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

BURIEN

WA

BURIEN

WA

YAKIMA

WA

YAKIMA

WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98166

KING

2062449970

98166

KING

2062449970

98902

YAKIMA

5095755102

98902

YAKIMA

5095755102

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16151.00 \*

\$18510.00 \*

\$20505.00 \*

\$16402.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

500014	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	1321 COLBY AVENUE
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500014	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	1321 COLBY AVENUE
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500014	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	1321 COLBY AVENUE
--------	---	-------------------

500015	AUBURN REGIONAL MEDICAL CENTER	202 N DIVISION STREET PLAZA ONE
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500015	AUBURN REGIONAL MEDICAL CENTER	202 N DIVISION STREET PLAZA ONE
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# knee

Based on Hospital Medicare Payment And Volume Measures



EVERETT

WA

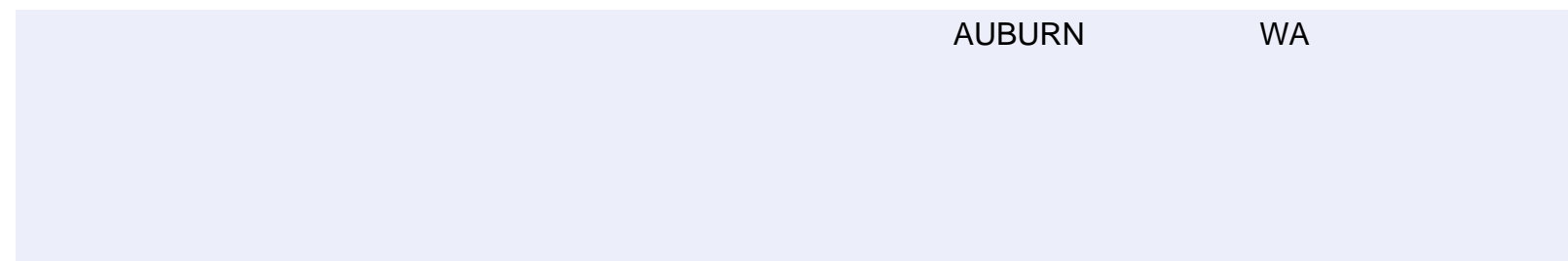


EVERETT

WA

EVERETT

WA



AUBURN

WA

AUBURN

WA



# knee

Based on Hospital Medicare Payment And Volume Measures

98201	SNOHOMISH	4252612000
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98201	SNOHOMISH	4252612000
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98201	SNOHOMISH	4252612000
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98001	KING	2538337711
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98001	KING	2538337711
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



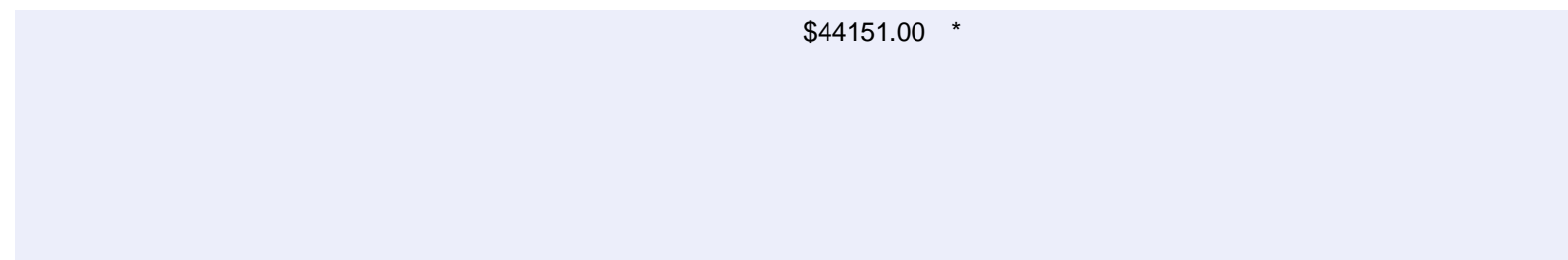
\$16695.00 \*



\$20458.00

21

\$30959.00 \*



\$44151.00 \*

\$21334.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

500015	AUBURN REGIONAL MEDICAL CENTER	202 N DIVISION STREET PLAZA ONE
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500016	CENTRAL WASHINGTON HOSPITAL	1201 SOUTH MILLER STREET
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500016	CENTRAL WASHINGTON HOSPITAL	1201 SOUTH MILLER STREET
--------	-----------------------------	-----------------------------

500016	CENTRAL WASHINGTON HOSPITAL	1201 SOUTH MILLER STREET
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500019	PROVIDENCE CENTRALIA HOSPITAL	914 S SCHEUBER ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

AUBURN WA

WENATCHEE WA

WENATCHEE WA

WENATCHEE WA

CENTRALIA WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98001	KING	2538337711
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98807	CHELAN	5096621511
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98807	CHELAN	5096621511
-------	--------	------------

98807	CHELAN	5096621511
-------	--------	------------

98531	LEWIS	3607362803
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16727.00 \*

\$16656.00

14

\$19061.00 \*

\$31601.00 \*

\$15152.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
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small number of Medicare  
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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

500019	PROVIDENCE CENTRALIA HOSPITAL	914 S SCHEUBER ROAD
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500021	SAINT CLARE HOSPITAL	11315 BRIDGEPORT WAY S W
--------	----------------------	-----------------------------

500021	SAINT CLARE HOSPITAL	11315 BRIDGEPORT WAY S W
--------	----------------------	-----------------------------

500024	PROVIDENCE ST PETER HOSPITAL	413 LILLY ROAD NE
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# knee

Based on Hospital Medicare Payment And Volume Measures

CENTRALIA

WA

LAKESIDE

WA

LAKESIDE

WA

OLYMPIA

WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98531

LEWIS

3607362803

98499

PIERCE

2535881711

98499

PIERCE

2535881711

98506

THURSTON

3604919480

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16585.00 \*

\$16293.00 \*

\$20370.00 \*

\$874.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

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disclosed to protect personal  
health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
table where data cannot be  
disclosed to protect personal  
health information due to the  
small number of Medicare



# knee

Based on Hospital Medicare Payment And Volume Measures

500024	PROVIDENCE ST PETER HOSPITAL	413 LILLY ROAD NE
500024	PROVIDENCE ST PETER HOSPITAL	413 LILLY ROAD NE
500027	SWEDISH MEDICAL CENTER	747 BROADWAY
500027	SWEDISH MEDICAL CENTER	747 BROADWAY
500027	SWEDISH MEDICAL CENTER	747 BROADWAY
500030	PEACEHEALTH ST JOSEPH MEDICAL CENTER	2901 SQUALICUM PARKWAY
500030	PEACEHEALTH ST JOSEPH MEDICAL CENTER	2901 SQUALICUM PARKWAY
500031	GRAYS HARBOR COMMUNITY HOSPITAL	915 ANDERSON DRIVE
500033	SAMARITAN HOSPITAL	801 EAST WHEELER ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

	OLYMPIA	WA
	OLYMPIA	WA
	SEATTLE	WA
	SEATTLE	WA
	SEATTLE	WA
	BELLINGHAM	WA
	BELLINGHAM	WA
	ABERDEEN	WA
	MOSES LAKE	WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98506	THURSTON	3604919480
98506	THURSTON	3604919480
98122	KING	2063866000
98122	KING	2063866000
98122	KING	2063866000
98225	WHATCOM	3607345400
98225	WHATCOM	3607345400
98520	GRAYS HARBOR	3605328330
98837	GRANT	5097655606

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$21039.00	18
	\$16829.00	12
	\$17804.00	62
	\$19059.00	52
	\$33014.00 *	
	\$20502.00	11
	\$16399.00	17
	\$20265.00 *	
	\$19079.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

500033	SAMARITAN HOSPITAL	801 EAST WHEELER ROAD
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500036	YAKIMA VALLEY MEMORIAL HOSPITAL	2811 TIETON DRIVE
--------	------------------------------------	-------------------

500036	YAKIMA VALLEY MEMORIAL HOSPITAL	2811 TIETON DRIVE
--------	------------------------------------	-------------------

500036	YAKIMA VALLEY MEMORIAL HOSPITAL	2811 TIETON DRIVE
--------	------------------------------------	-------------------

500039	HARRISON MEDICAL CENTER	2520 CHERRY AVENUE
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500039	HARRISON MEDICAL CENTER	2520 CHERRY AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

MOSES LAKE WA

YAKIMA WA

YAKIMA WA

YAKIMA WA

BREMERTON WA

BREMERTON WA



# knee

Based on Hospital Medicare Payment And Volume Measures

98837	GRANT	5097655606
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98902	YAKIMA	5095758000
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98902	YAKIMA	5095758000
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98902	YAKIMA	5095758000
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98310	KITSAP	3603773911
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98310	KITSAP	3603773911
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15261.00 \*

\$16926.00 18

\$34098.00 \*

\$21066.00 11

\$16085.00 \*

\$20110.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

500041

PEACHEALTH ST JOHN MEDICAL  
CENTER

1615 DELAWARE STREET

500041

PEACHEALTH ST JOHN MEDICAL  
CENTER

1615 DELAWARE STREET

500044

DEACONESS MEDICAL CENTER

W 800 FIFTH AVENUE

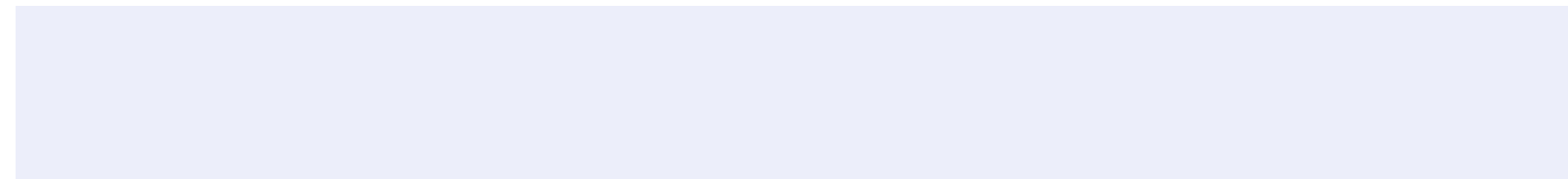
500044

DEACONESS MEDICAL CENTER

W 800 FIFTH AVENUE

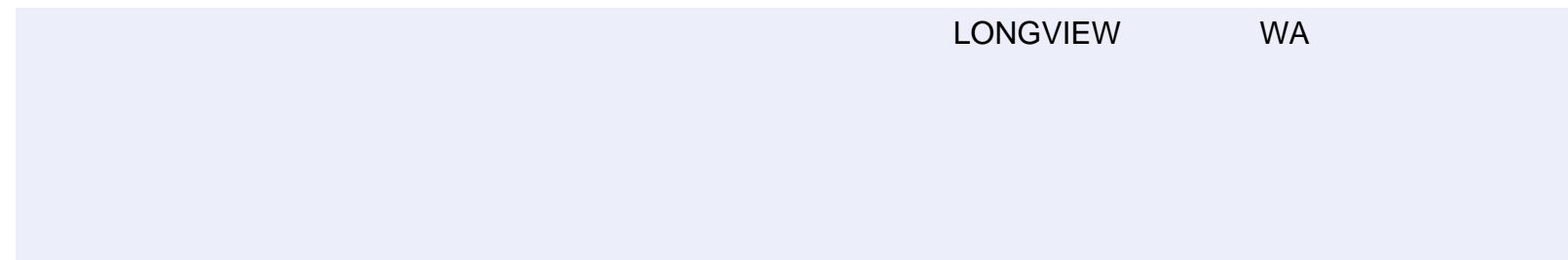
# knee

Based on Hospital Medicare Payment And Volume Measures



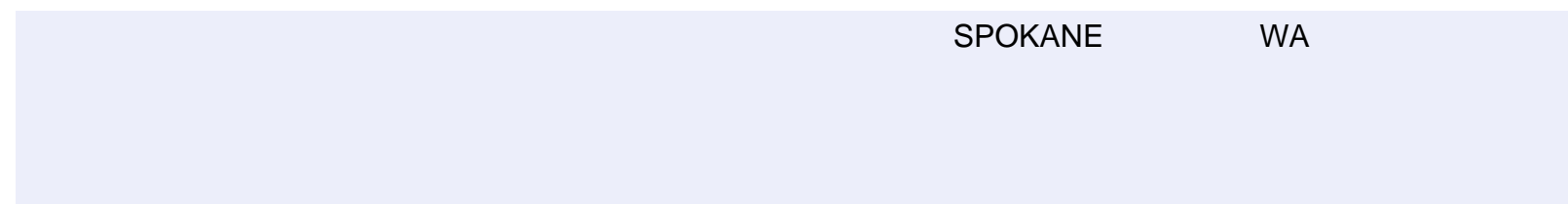
LONGVIEW

WA



LONGVIEW

WA



SPOKANE

WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98632

COWLITZ

3604142000

98632

COWLITZ

3604142000

99210

SPOKANE

5094735800

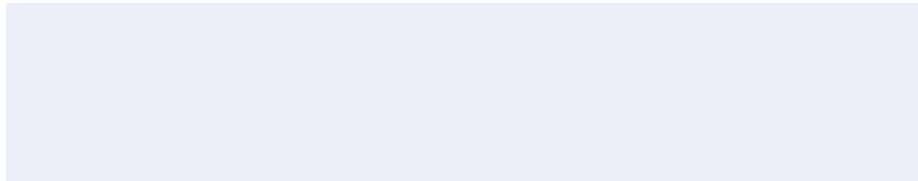
99210

SPOKANE

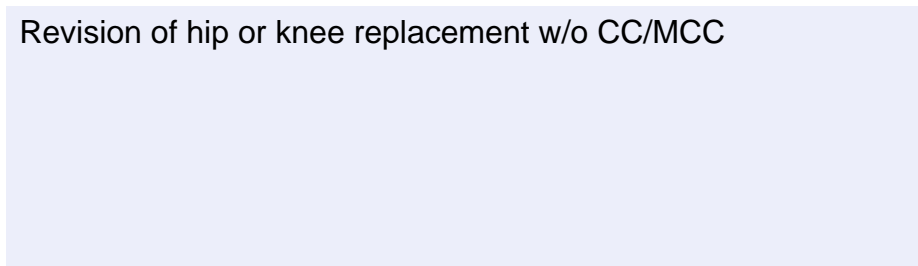
5094735800

# knee

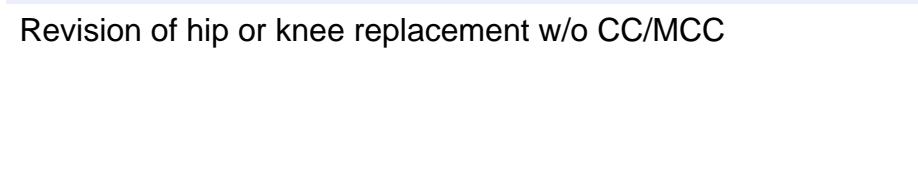
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$21733.00 \*

\$17385.00 \*

\$17269.00 \*

\$21580.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

500044	DEACONESS MEDICAL CENTER	W 800 FIFTH AVENUE
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500049	WALLA WALLA GENERAL HOSPITAL	1025 S SECOND AVE
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500049	WALLA WALLA GENERAL HOSPITAL	1025 S SECOND AVE
--------	------------------------------	-------------------

500050	S W WASHINGTON MEDICAL CENTER	400 NE MOTHER JOSEPH PLACE
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# knee

Based on Hospital Medicare Payment And Volume Measures

SPOKANE

WA

WALLA WALLA

WA

WALLA WALLA

WA

VANCOUVER

WA

# knee

Based on Hospital Medicare Payment And Volume Measures

99210	SPOKANE	5094735800
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99362	WALLA WALLA	5095250480
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99362	WALLA WALLA	5095250480
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98668	CLARK	3602562000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$918.00 \*

\$28299.00 \*

\$15261.00 \*

\$396.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

500050	S W WASHINGTON MEDICAL CENTER	400 NE MOTHER JOSEPH PLACE
500050	S W WASHINGTON MEDICAL CENTER	400 NE MOTHER JOSEPH PLACE
500051	OVERLAKE HOSPITAL MEDICAL CENTER	1035-116TH AVE NE
500051	OVERLAKE HOSPITAL MEDICAL CENTER	1035-116TH AVE NE
500051	OVERLAKE HOSPITAL MEDICAL CENTER	1035-116TH AVE NE
500053	KENNEWICK GENERAL HOSPITAL	900 SOUTH AUBURN STREET
500053	KENNEWICK GENERAL HOSPITAL	900 SOUTH AUBURN STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

VANCOUVER WA

VANCOUVER WA

BELLEVUE WA

BELLEVUE WA

BELLEVUE WA

KENNEWICK WA

KENNEWICK WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98668	CLARK	3602562000
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98668	CLARK	3602562000
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98004	KING	4256885000
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98004	KING	4256885000
-------	------	------------

98004	KING	4256885000
-------	------	------------

99336	BENTON	5095866111
-------	--------	------------

99336	BENTON	5095866111
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$695.00 \*

\$21359.00 26

\$15726.00 12

\$22694.00 \*

\$15094.00 16

\$16651.00 \*

\$30877.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

500054	PROVIDENCE SACRED HEART MEDICAL CENTER	101 WEST 8TH AVENUE
500054	PROVIDENCE SACRED HEART MEDICAL CENTER	101 WEST 8TH AVENUE
500054	PROVIDENCE SACRED HEART MEDICAL CENTER	101 WEST 8TH AVENUE
500058	KADLEC REGIONAL MEDICAL CENTER	888 SWIFT BLVD
500058	KADLEC REGIONAL MEDICAL CENTER	888 SWIFT BLVD
500060	CASCADE VALLEY HOSPITAL	330 S STILLAGUAMISH AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

SPOKANE WA

SPOKANE WA

SPOKANE WA

RICHLAND WA

RICHLAND WA

ARLINGTON WA



# knee

Based on Hospital Medicare Payment And Volume Measures

99204	SPOKANE	5094743040
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99204	SPOKANE	5094743040
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99204	SPOKANE	5094743040
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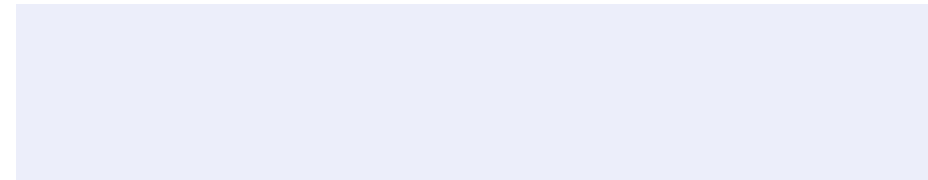
99352	BENTON	5099464611
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99352	BENTON	5099464611
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98223	SNOHOMISH	3604352133
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$31332.00	18
	\$21125.00	34
	\$16897.00	54
	\$16067.00 *	
	\$34069.00 *	
	\$1024.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

500064	HARBORVIEW MEDICAL CENTER	325 9TH AVENUE
500077	PROVIDENCE HOLY FAMILY HOSPITAL	5633 NORTH LIDGERWOOD
500077	PROVIDENCE HOLY FAMILY HOSPITAL	5633 NORTH LIDGERWOOD
500077	PROVIDENCE HOLY FAMILY HOSPITAL	5633 NORTH LIDGERWOOD
500079	GOOD SAMARITAN HOSPITAL & REHAB CENTER	407 14TH AVE SE

# knee

Based on Hospital Medicare Payment And Volume Measures

SEATTLE WA

SPOKANE WA

SPOKANE WA

SPOKANE WA

PUYALLUP WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98104	KING	2067313000
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99208	SPOKANE	5094822450
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99208	SPOKANE	5094822450
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99208	SPOKANE	5094822450
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98371	PIERCE	2538486661
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$4761.00 \*

\$15570.00 \*

\$16221.00

13

\$27568.00 \*

\$18377.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

500079	GOOD SAMARITAN HOSPITAL & REHAB CENTER	407 14TH AVE SE
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500079	GOOD SAMARITAN HOSPITAL & REHAB CENTER	407 14TH AVE SE
--------	---	-----------------

500084	VALLEY GENERAL HOSPITAL	14701 179TH SE
--------	-------------------------	----------------

500084	VALLEY GENERAL HOSPITAL	14701 179TH SE
--------	-------------------------	----------------

# knee

Based on Hospital Medicare Payment And Volume Measures

PUYALLUP

WA

PUYALLUP

WA

MONROE

WA

MONROE

WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98371	PIERCE	2538486661
-------	--------	------------

98371	PIERCE	2538486661
-------	--------	------------

98272	SNOHOMISH	3607947497
-------	-----------	------------

98272	SNOHOMISH	3607947497
-------	-----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19922.00 \*

\$15935.00 \*

\$1024.00 \*

\$19452.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

500088	VALLEY MEDICAL CENTER	400 S 43RD ST
500088	VALLEY MEDICAL CENTER	400 S 43RD ST

500088	VALLEY MEDICAL CENTER	400 S 43RD ST
500108	ST JOSEPH MEDICAL CENTER	1717 SOUTH J STREET
500108	ST JOSEPH MEDICAL CENTER	1717 SOUTH J STREET
500108	ST JOSEPH MEDICAL CENTER	1717 SOUTH J STREET

500119	VALLEY HOSPITAL & MEDICAL CENTER	12606 EAST MISSION AVENUE
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# knee

Based on Hospital Medicare Payment And Volume Measures

RENTON	WA
RENTON	WA

RENTON	WA
--------	----

TACOMA	WA
--------	----

TACOMA	WA
--------	----

TACOMA	WA
--------	----

SPOKANE	WA
---------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

98055	KING	4252283450
98055	KING	4252283450

98055	KING	4252283450
98405	PIERCE	2536274101
98405	PIERCE	2536274101

98405	PIERCE	2536274101
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99216	SPOKANE	5099246650
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$22402.00 27

\$33227.00 \*

\$17919.00 11

\$17047.00 22

\$23503.00 \*

\$21408.00 \*

\$23652.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

500119	VALLEY HOSPITAL & MEDICAL CENTER	12606 EAST MISSION AVENUE
500119	VALLEY HOSPITAL & MEDICAL CENTER	12606 EAST MISSION AVENUE
500124	EVERGREEN HOSPITAL MEDICAL CENTER	12040 NE 128TH STREET
500124	EVERGREEN HOSPITAL MEDICAL CENTER	12040 NE 128TH STREET
500124	EVERGREEN HOSPITAL MEDICAL CENTER	12040 NE 128TH STREET
500129	TACOMA GENERAL ALLENMORE HOSPITAL	315 S MLK JR WAY
500129	TACOMA GENERAL ALLENMORE HOSPITAL	315 S MLK JR WAY

# knee

Based on Hospital Medicare Payment And Volume Measures

SPOKANE	WA
---------	----

SPOKANE	WA
---------	----

KIRKLAND	WA
----------	----

KIRKLAND	WA
----------	----

KIRKLAND	WA
----------	----

TACOMA	WA
--------	----

TACOMA	WA
--------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

99216	SPOKANE	5099246650
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99216	SPOKANE	5099246650
-------	---------	------------

98034	KING	4258991000
-------	------	------------

98034	KING	4258991000
-------	------	------------

98034	KING	4258991000
-------	------	------------

98415	PIERCE	2534031000
-------	--------	------------

98415	PIERCE	2534031000
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$27261.00 *		
\$14701.00		12
\$15090.00		12
\$24764.00 *		
\$18866.00		12
\$22908.00		15
\$20662.00 *		

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

500129	TACOMA GENERAL ALLENMORE HOSPITAL	315 S MLK JR WAY
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500139	CAPITAL MEDICAL CENTER	3900 CAPITAL MALL DR SW
--------	------------------------	-------------------------

500139	CAPITAL MEDICAL CENTER	3900 CAPITAL MALL DR SW
--------	------------------------	-------------------------

500141	ST FRANCIS COMMUNITY HOSPITAL	34515 9TH AVENUE SOUTH
--------	-------------------------------	------------------------

500141	ST FRANCIS COMMUNITY HOSPITAL	34515 9TH AVENUE SOUTH
--------	-------------------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

TACOMA

WA

OLYMPIA

WA

OLYMPIA

WA

FEDERAL WAY

WA

FEDERAL WAY

WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98415

PIERCE

2534031000

98502

THURSTON

3607545858

98502

THURSTON

3607545858

98003

KING

2539448100

98003

KING

2539448100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$18323.00 \*

\$15954.00 \*

\$19929.00 \*

\$21971.00 \*

\$26592.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

500141	ST FRANCIS COMMUNITY HOSPITAL	34515 9TH AVENUE SOUTH
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500150	LEGACY SALMON CREEK MEDICAL CENTER	2211 NE 139TH STREET
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500151	ST ANTHONY HOSPITAL	11567 CANTERWOOD BOULEVARD NW
--------	---------------------	----------------------------------

500151	ST ANTHONY HOSPITAL	11567 CANTERWOOD BOULEVARD NW
--------	---------------------	----------------------------------

500151	ST ANTHONY HOSPITAL	11567 CANTERWOOD BOULEVARD NW
--------	---------------------	----------------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

	FEDERAL WAY	WA
	VANCOUVER	WA
	GIG HARBOR	WA
	GIG HARBOR	WA
	GIG HARBOR	WA

# knee

Based on Hospital Medicare Payment And Volume Measures

98003	KING	2539448100
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98686	CLARK	3604871000
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98332	PIERCE	2535302050
-------	--------	------------

98332	PIERCE	2535302050
-------	--------	------------

98332	PIERCE	2535302050
-------	--------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17183.00 13

\$9202.00 \*

\$42766.00 \*

\$32480.00 \*

\$16928.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

510001	WEST VIRGINIA UNIVERSITY HOSPITALS	MEDICAL CENTER DRIVE
510001	WEST VIRGINIA UNIVERSITY HOSPITALS	MEDICAL CENTER DRIVE
510001	WEST VIRGINIA UNIVERSITY HOSPITALS	MEDICAL CENTER DRIVE
510006	UNITED HOSPITAL CENTER	327 MEDICAL PARK DRIVE
510006	UNITED HOSPITAL CENTER	327 MEDICAL PARK DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MORGANTOWN WV

MORGANTOWN WV

MORGANTOWN WV

BRIDGEPORT WV

BRIDGEPORT WV

# knee

Based on Hospital Medicare Payment And Volume Measures

26506	MONONGALIA	3045984000
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26506	MONONGALIA	3045984000
-------	------------	------------

26506	MONONGALIA	3045984000
-------	------------	------------

26330	HARRISON	6813421000
-------	----------	------------

26330	HARRISON	6813421000
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$23873.00 20

\$21399.00 \*

\$19202.00 18

\$803.00 \*

\$14272.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

510007	ST MARY'S MEDICAL CENTER	2900 1ST AVENUE
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510007	ST MARY'S MEDICAL CENTER	2900 1ST AVENUE
--------	--------------------------	-----------------

510007	ST MARY'S MEDICAL CENTER	2900 1ST AVENUE
--------	--------------------------	-----------------

510008	CITY HOSPITAL	P O BOX 1418 DRY RUN ROAD
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510008	CITY HOSPITAL	P O BOX 1418 DRY RUN ROAD
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# knee

Based on Hospital Medicare Payment And Volume Measures

HUNTINGTON

WV

HUNTINGTON

WV

HUNTINGTON

WV

MARTINSBURG

WV

MARTINSBURG

WV



# knee

Based on Hospital Medicare Payment And Volume Measures

25701	CABELL	3045261234
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25701	CABELL	3045261234
-------	--------	------------

25701	CABELL	3045261234
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25401	BERKELEY	3042641000
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25401	BERKELEY	3042641000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7323.00 \*

\$945.00 \*

\$14726.00 \*

\$16441.00 \*

\$17957.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

510008	CITY HOSPITAL	P O BOX 1418 DRY RUN ROAD
510012	PLEASANT VALLEY HOSPITAL	2520 VALLEY DRIVE
510022	CHARLESTON AREA MEDICAL CENTER	501 MORRIS STREET
510022	CHARLESTON AREA MEDICAL CENTER	501 MORRIS STREET
510022	CHARLESTON AREA MEDICAL CENTER	501 MORRIS STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

MARTINSBURG WV

POINT PLEASANT WV

CHARLESTON WV

CHARLESTON WV

CHARLESTON WV

# knee

Based on Hospital Medicare Payment And Volume Measures

25401	BERKELEY	3042641000
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25550	MASON	3046754340
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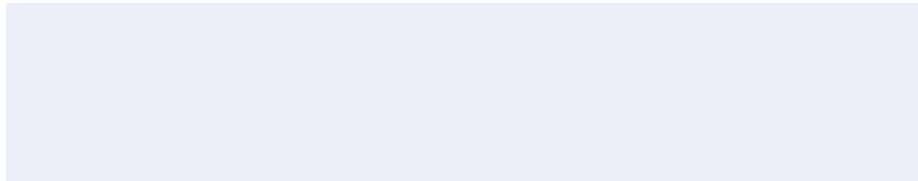
25301	KANAWHA	3043886203
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25301	KANAWHA	3043886203
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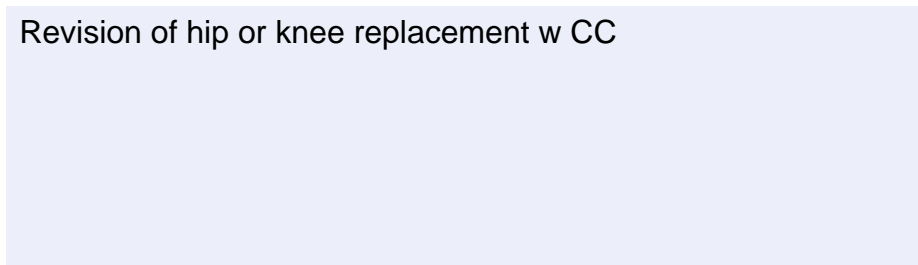
25301	KANAWHA	3043886203
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# knee

Based on Hospital Medicare Payment And Volume Measures

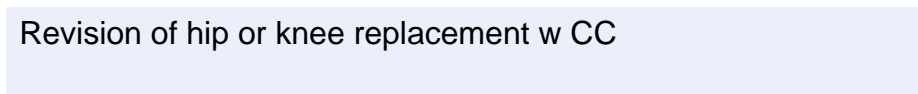


Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$15014.00 *	
	\$16223.00 *	
	\$14719.00	14
	\$18689.00	14
	\$26968.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

510023	WEIRTON MEDICAL CENTER	601 COLLIERS WAY
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510024	MONONGALIA COUNTY GENERAL HOSPITAL	1200 JD ANDERSON DR
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510024	MONONGALIA COUNTY GENERAL HOSPITAL	1200 JD ANDERSON DR
--------	---------------------------------------	---------------------

510029	THOMAS MEMORIAL HOSPITAL	4605 MACCORKLE AVE SW
--------	--------------------------	-----------------------

510029	THOMAS MEMORIAL HOSPITAL	4605 MACCORKLE AVE SW
--------	--------------------------	-----------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

WEIRTON WV

MORGANTOWN WV

MORGANTOWN WV

SOUTH  
CHARLESTON WV

SOUTH  
CHARLESTON WV

# knee

Based on Hospital Medicare Payment And Volume Measures

26062	HANCOCK	3047976000
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26505	MONONGALIA	3045981200
-------	------------	------------

26505	MONONGALIA	3045981200
-------	------------	------------

25309	KANAWHA	3047663600
-------	---------	------------

25309	KANAWHA	3047663600
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15410.00 \*

\$12439.00 \*

\$15551.00 \*

\$25053.00 \*

\$16810.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

510029

THOMAS MEMORIAL HOSPITAL

4605 MACCORKLE AVE SW

510030

DAVIS MEMORIAL HOSPITAL

PO BOX 1484

510030

DAVIS MEMORIAL HOSPITAL

PO BOX 1484

510031

ST FRANCIS HOSPITAL

333 LAIDLEY ST

# knee

Based on Hospital Medicare Payment And Volume Measures

SOUTH  
CHARLESTON

WV

ELKINS

WV

ELKINS

WV

CHARLESTON

WV

# knee

Based on Hospital Medicare Payment And Volume Measures

25309

KANAWHA

3047663600

26241

RANDOLPH

3046363300

26241

RANDOLPH

3046363300

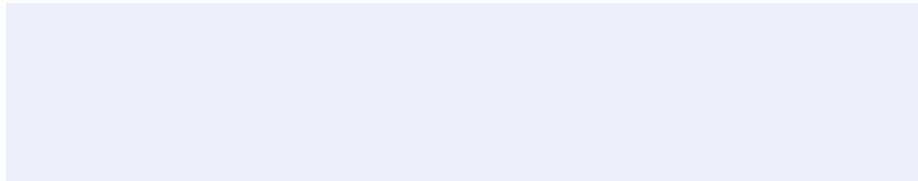
25301

KANAWHA

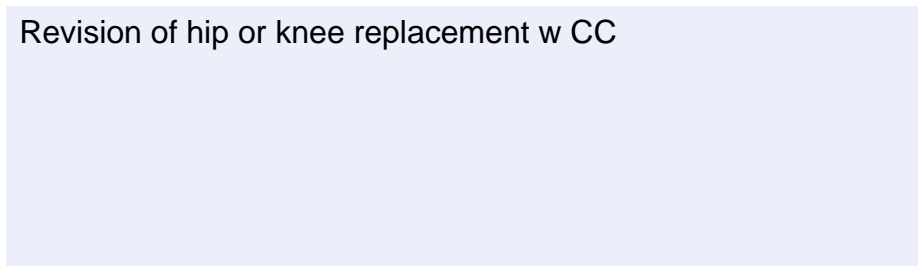
3043476500

# knee

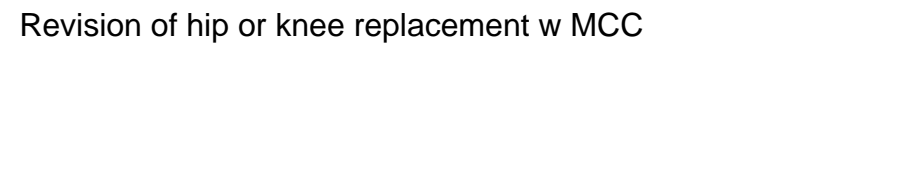
Based on Hospital Medicare Payment And Volume Measures



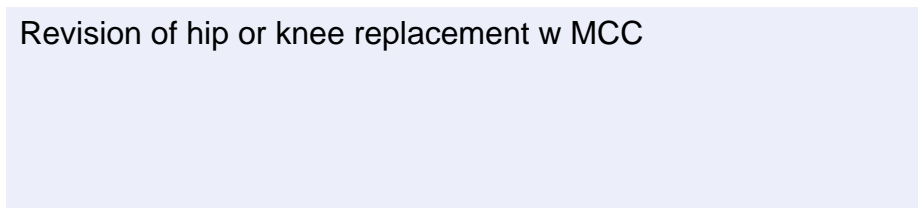
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC




Revision of hip or knee replacement w MCC



Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures




\$13510.00 \*



\$16076.00 \*

\$12456.00 \*



\$35601.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the

# knee

Based on Hospital Medicare Payment And Volume Measures

510031

ST FRANCIS HOSPITAL

333 LAIDLEY ST

510031

ST FRANCIS HOSPITAL

333 LAIDLEY ST

510033

ST JOSEPHS HEALTHCARE SYSTEM

1824 MURDOCH AVENUE

510033

ST JOSEPHS HEALTHCARE SYSTEM

1824 MURDOCH AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

CHARLESTON

WV

CHARLESTON

WV

PARKERSBURG

WV

PARKERSBURG

WV



# knee

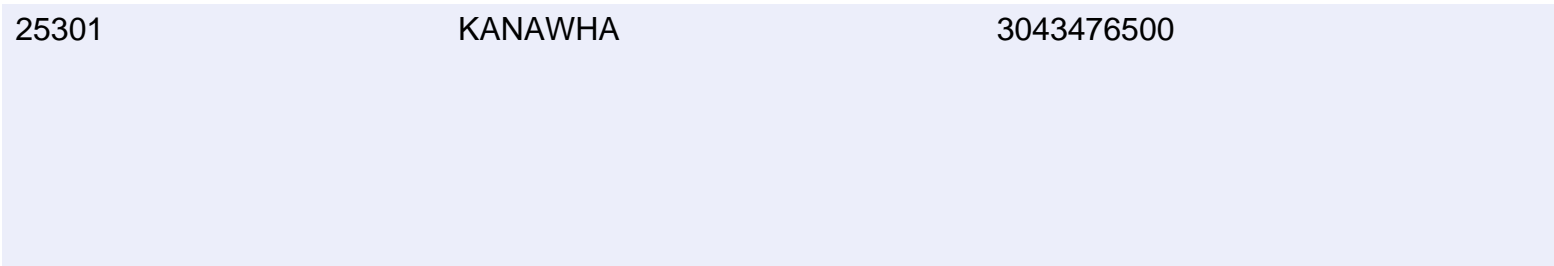
Based on Hospital Medicare Payment And Volume Measures



25301

KANAWHA

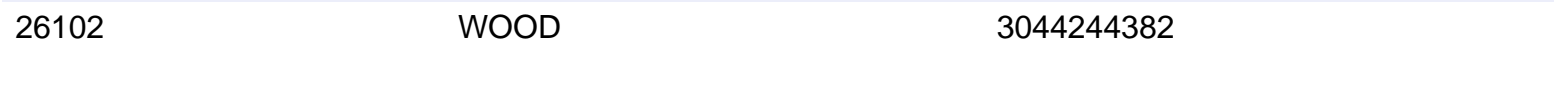
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25301

KANAWHA

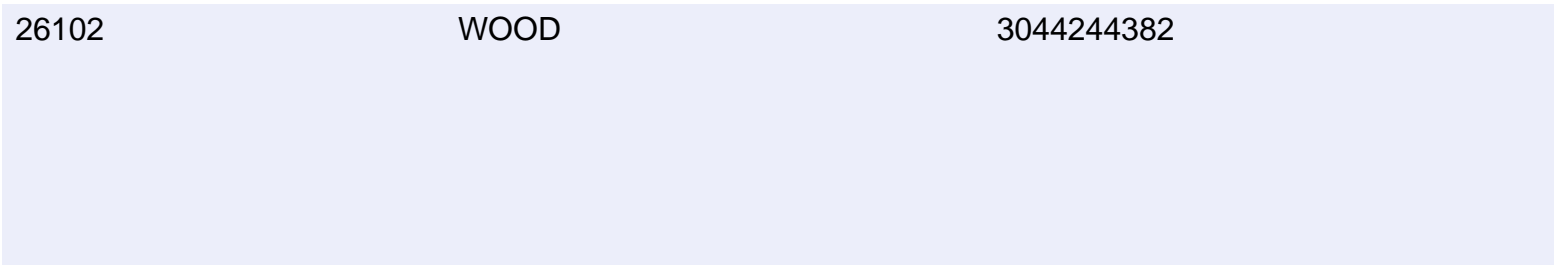
3043476500



26102

WOOD

3044244382



26102

WOOD

3044244382

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

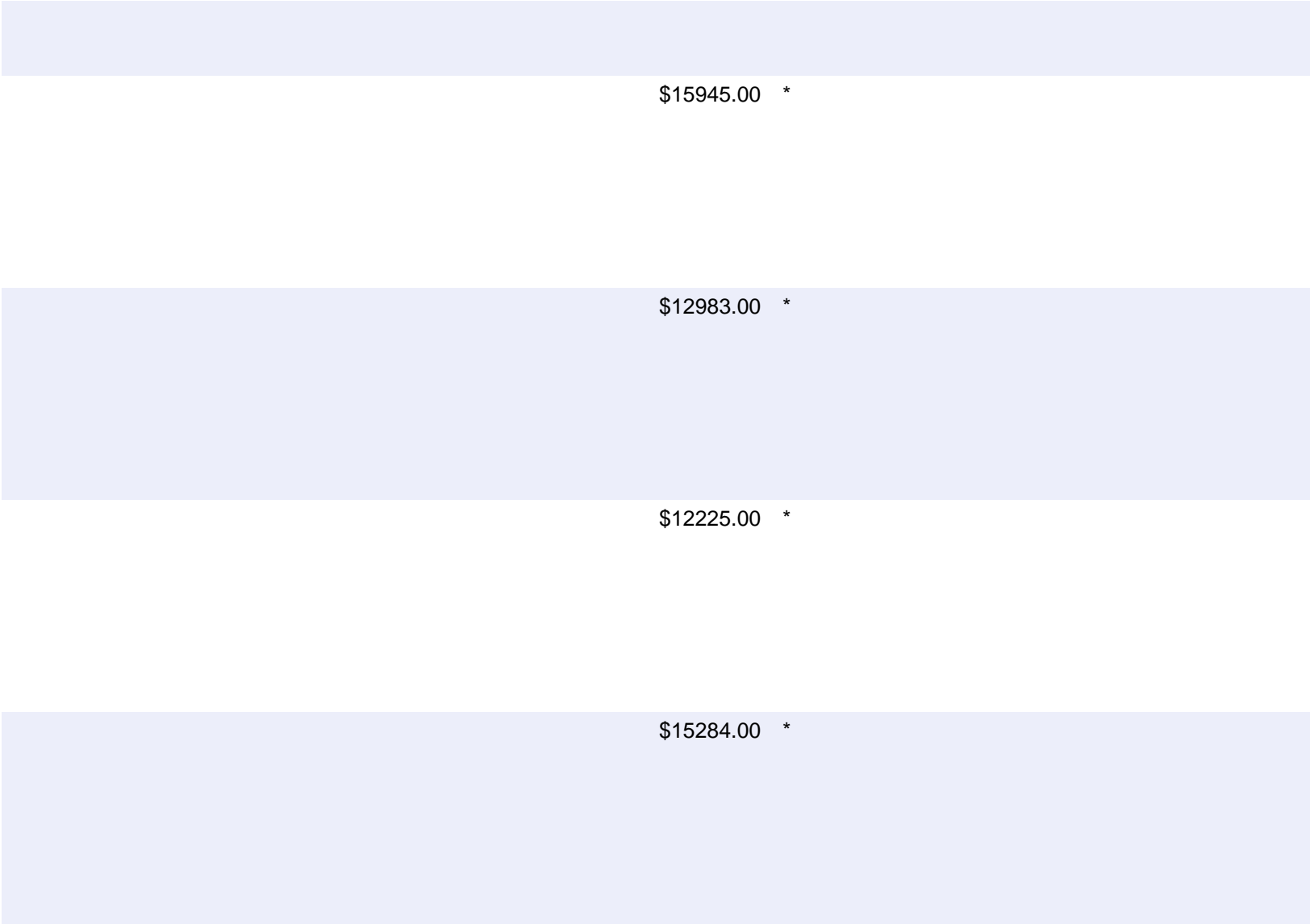
Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$15945.00 *
2	\$12983.00 *
3	\$12225.00 *
4	\$15284.00 *

\$15945.00 \*

\$12983.00 \*

\$12225.00 \*

\$15284.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

510039	OHIO VALLEY MEDICAL CENTER	2000 EOFF STREET
510046	PRINCETON COMMUNITY HOSPITAL	122 12TH STREET
510046	PRINCETON COMMUNITY HOSPITAL	122 12TH STREET
510047	FAIRMONT GENERAL HOSPITAL	1325 LOCUST AVENUE
510048	LOGAN REGIONAL MEDICAL CENTER	20 HOSPITAL DRIVE

# knee

Based on Hospital Medicare Payment And Volume Measures

WHEELING

WV

PRINCETON

WV

PRINCETON

WV

FAIRMONT

WV

LOGAN

WV

# knee

Based on Hospital Medicare Payment And Volume Measures

26003	OHIO	3042340123
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24740	MERCER	3044877260
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24740	MERCER	3044877260
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26554	MARION	3043677100
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25601	LOGAN	3048311350
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$16644.00 \*

\$16216.00 \*

\$12971.00 \*

\$18293.00 \*

\$17973.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

510050	WHEELING HOSPITAL	1 MEDICAL PARK
510050	WHEELING HOSPITAL	1 MEDICAL PARK
510055	CABELL-HUNTINGTON HOSPITAL INC	1340 HAL GREER BOULEVARD
510055	CABELL-HUNTINGTON HOSPITAL INC	1340 HAL GREER BOULEVARD
510055	CABELL-HUNTINGTON HOSPITAL INC	1340 HAL GREER BOULEVARD
510058	CAMDEN CLARK MEMORIAL HOSPITAL	800 GARFIELD AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

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WHEELING	WV
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WHEELING	WV
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HUNTINGTON	WV
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HUNTINGTON	WV
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HUNTINGTON	WV
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PARKERSBURG	WV
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# knee

Based on Hospital Medicare Payment And Volume Measures

26003	OHIO	3042433000
26003	OHIO	3042433000
25701	CABELL	3045262000

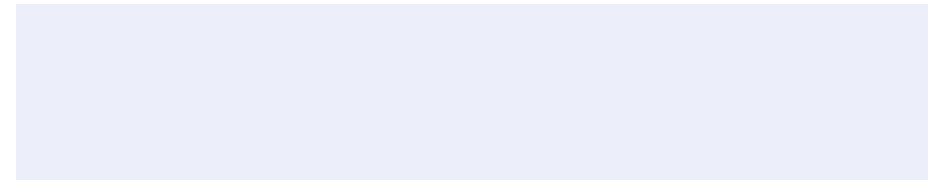
25701	CABELL	3045262000
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25701	CABELL	3045262000
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26101	WOOD	3044242111
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# knee

Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

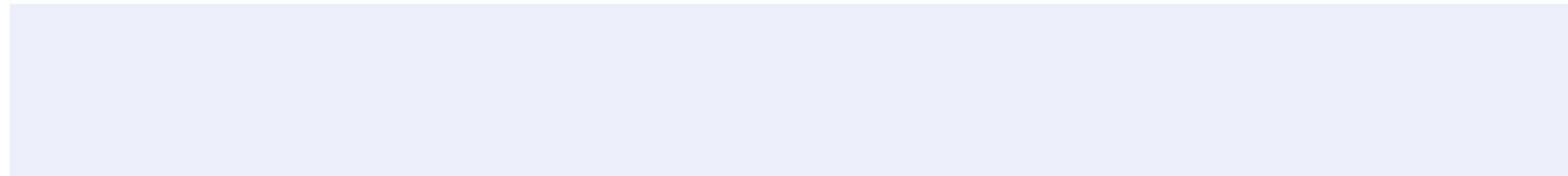


Revision of hip or knee replacement w MCC

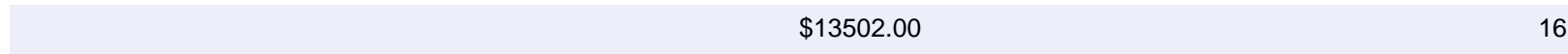
Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$12960.00 13



\$13502.00 16

\$18332.00 \*



\$22919.00 \*

\$27562.00 \*



\$22611.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

510058

CAMDEN CLARK MEMORIAL  
HOSPITAL

800 GARFIELD AVE

510058

CAMDEN CLARK MEMORIAL  
HOSPITAL

800 GARFIELD AVE

510062

BECKLEY ARH HOSPITAL

306 STANAFORD ROAD

510062

BECKLEY ARH HOSPITAL

306 STANAFORD ROAD

# knee

Based on Hospital Medicare Payment And Volume Measures

PARKERSBURG

WV

PARKERSBURG

WV

BECKLEY

WV

BECKLEY

WV

# knee

Based on Hospital Medicare Payment And Volume Measures

26101

WOOD

3044242111

26101

WOOD

3044242111

25801

RALEIGH

3042553456

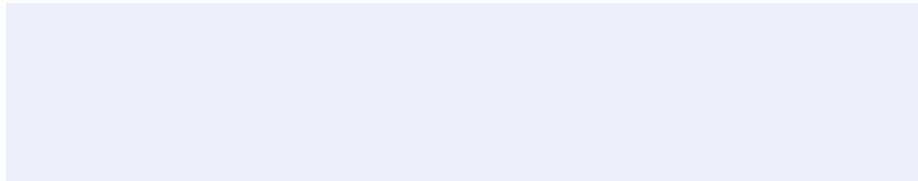
25801

RALEIGH

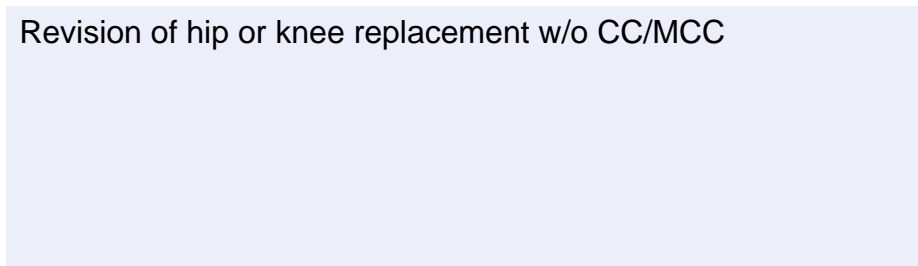
3042553456

# knee

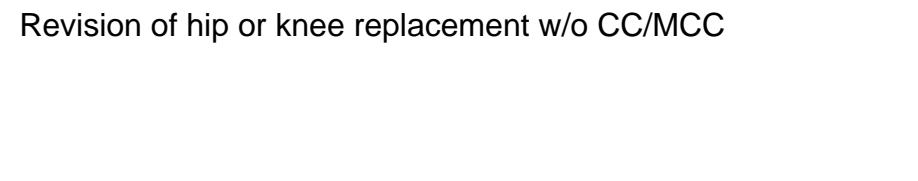
Based on Hospital Medicare Payment And Volume Measures



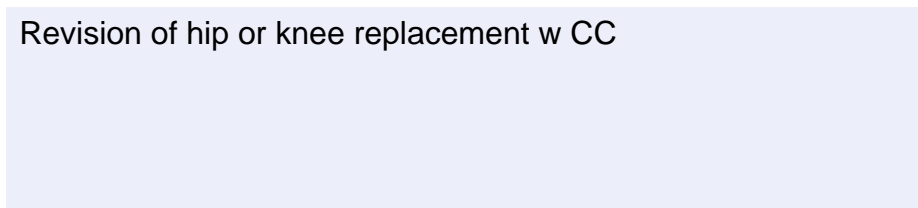
Revision of hip or knee replacement w CC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$16193.00 \*

\$12899.00 \*

\$13546.00 \*

\$17728.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

510062	BECKLEY ARH HOSPITAL	306 STANAFORD ROAD
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510071	BLUEFIELD REGIONAL MEDICAL CENTER	500 CHERRY ST
--------	--------------------------------------	---------------

510071	BLUEFIELD REGIONAL MEDICAL CENTER	500 CHERRY ST
--------	--------------------------------------	---------------

510082	SUMMERSVILLE REGIONAL MEDICAL CENTER	400 FAIRVIEW HEIGHTS ROAD
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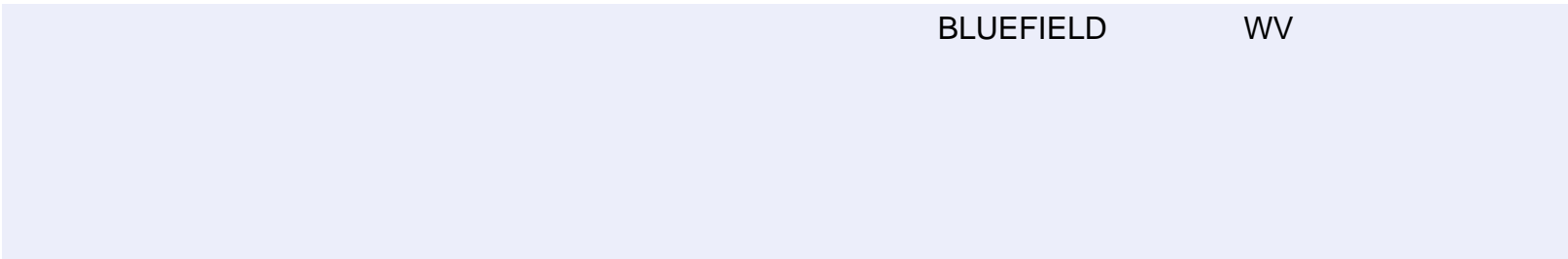
# knee

Based on Hospital Medicare Payment And Volume Measures



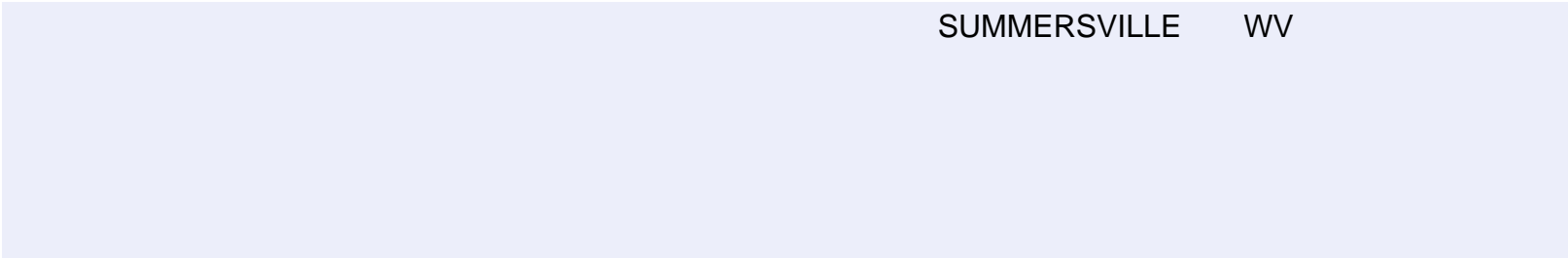
BECKLEY

WV



BLUEFIELD

WV



SUMMERSVILLE

WV



# knee

Based on Hospital Medicare Payment And Volume Measures

25801

RALEIGH

3042553456

24701

MERCER

3043271100

24701

MERCER

3043271100

26651

NICHOLAS

3048722891

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26187.00 \*

\$13201.00 \*

\$8264.00 \*

\$1068.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

510085	CAMC TEAYS VALLEY HOSPITAL	1400 HOSPITAL DRIVE
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510085	CAMC TEAYS VALLEY HOSPITAL	1400 HOSPITAL DRIVE
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520002	MINISTRY ST MICHAELS HOSPITAL OF STEVENS POINT	900 ILLINOIS AVE
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520002	MINISTRY ST MICHAELS HOSPITAL OF STEVENS POINT	900 ILLINOIS AVE
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520002	MINISTRY ST MICHAELS HOSPITAL OF STEVENS POINT	900 ILLINOIS AVE
--------	---	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

HURRICANE

WV

HURRICANE

WV

STEVENS POINT

WI

STEVENS POINT

WI

STEVENS POINT

WI

# knee

Based on Hospital Medicare Payment And Volume Measures

25526	PUTNAM	3047571700
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25526	PUTNAM	3047571700
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54481	PORTAGE	7153465000
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54481	PORTAGE	7153465000
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54481	PORTAGE	7153465000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15282.00 \*

\$28984.00 \*

\$14003.00 \*

\$22960.00 \*

\$17418.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

520004	FRANCISCAN SKEMP LA CROSSE HSPTL	700 WEST AVE S
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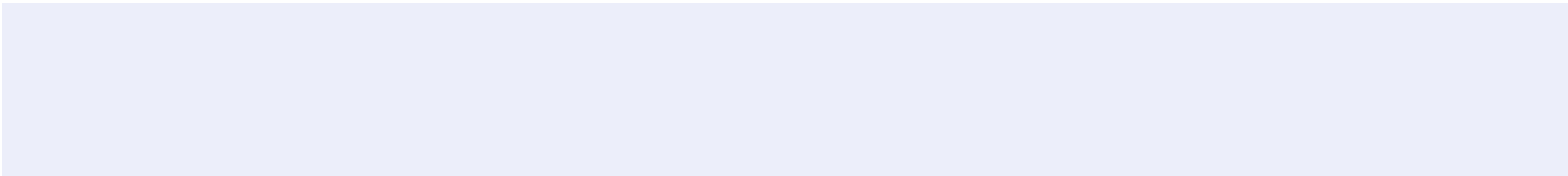
520004	FRANCISCAN SKEMP LA CROSSE HSPTL	700 WEST AVE S
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520004	FRANCISCAN SKEMP LA CROSSE HSPTL	700 WEST AVE S
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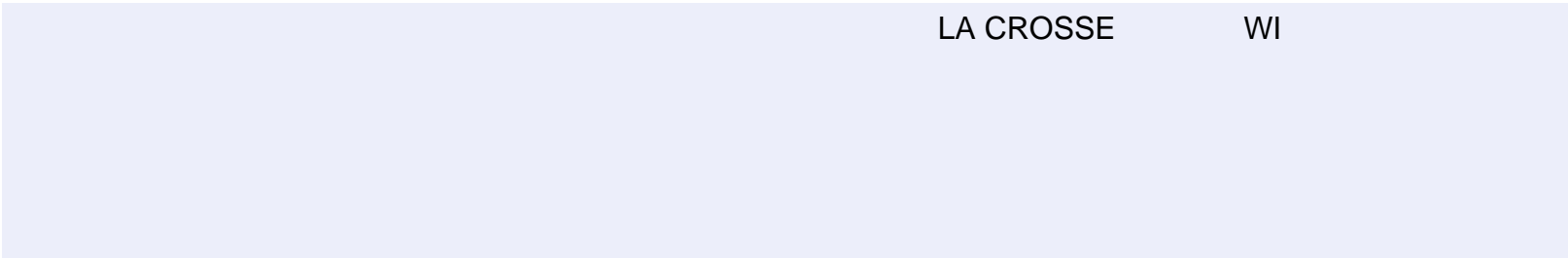
520008	WAUKESHA MEMORIAL HOSPITAL	725 AMERICAN AVE
520008	WAUKESHA MEMORIAL HOSPITAL	725 AMERICAN AVE

# knee

Based on Hospital Medicare Payment And Volume Measures



LA CROSSE WI



LA CROSSE WI



WAUKESHA WI



WAUKESHA WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54601

LA CROSSE

6087850940

54601

LA CROSSE

6087850940

54601

LA CROSSE

6087850940

53188

WAUKESHA

2629281000

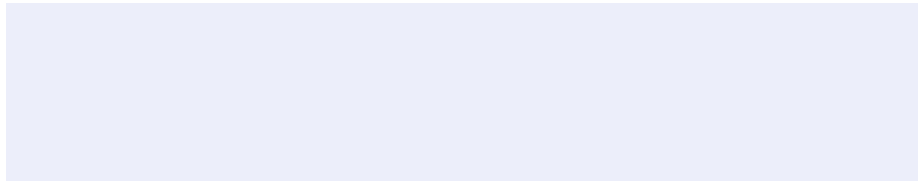
53188

WAUKESHA

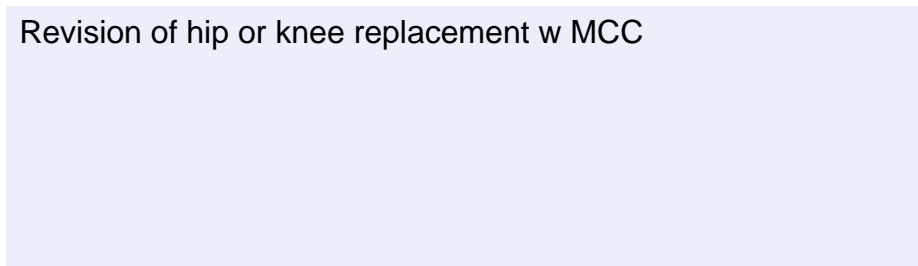
2629281000

# knee

Based on Hospital Medicare Payment And Volume Measures

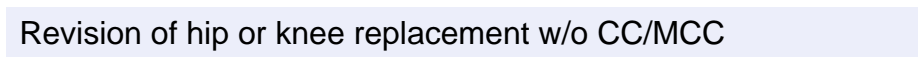


Revision of hip or knee replacement w CC



Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

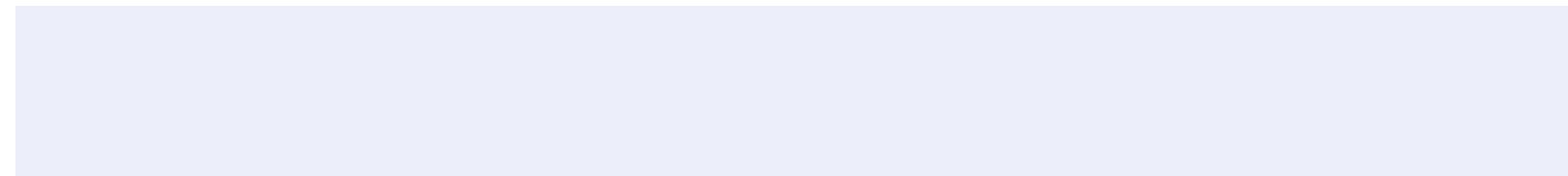


Revision of hip or knee replacement w/o CC/MCC

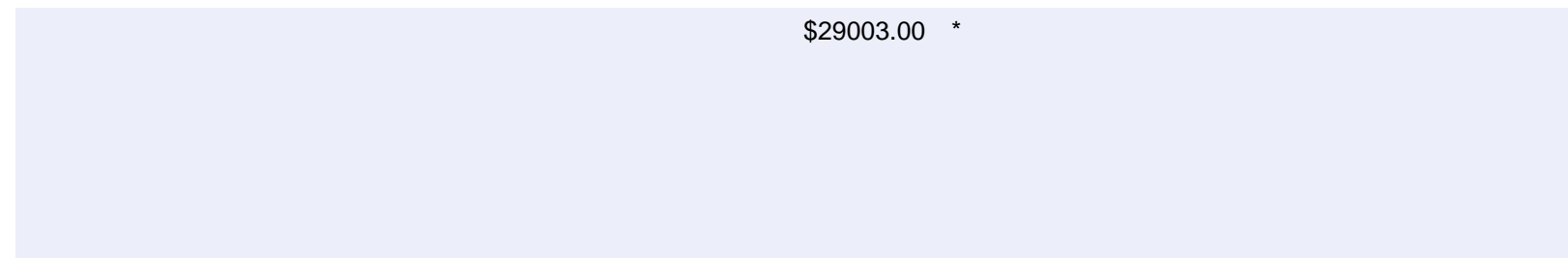
Revision of hip or knee replacement w MCC

# knee

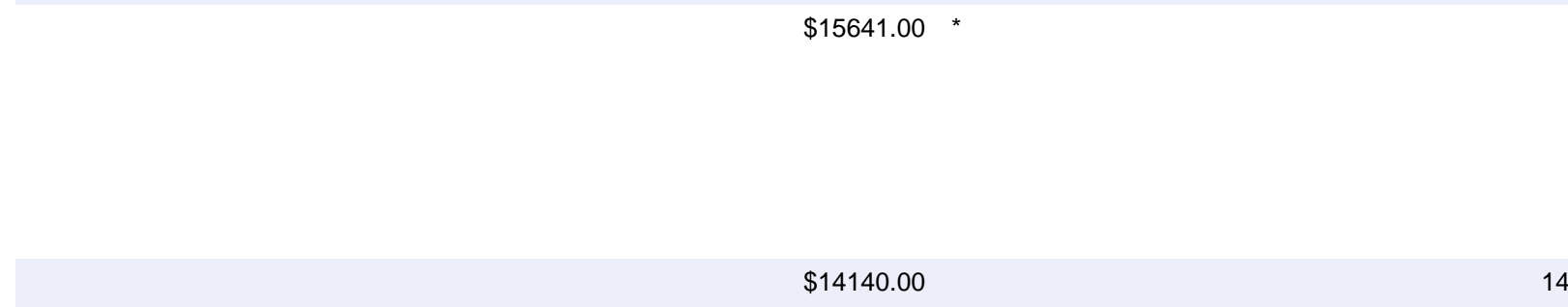
Based on Hospital Medicare Payment And Volume Measures



\$19554.00 \*



\$29003.00 \*



\$15641.00 \*



\$14140.00

14

\$26220.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520008	WAUKESHA MEMORIAL HOSPITAL	725 AMERICAN AVE
520009	ST ELIZABETH HSPTL	1506 S ONEIDA ST
520009	ST ELIZABETH HSPTL	1506 S ONEIDA ST

520011	LAKEVIEW MED CENTER	1700 WEST STOUT STREET
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520011	LAKEVIEW MED CENTER	1700 WEST STOUT STREET
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520011	LAKEVIEW MED CENTER	1700 WEST STOUT STREET
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# knee

Based on Hospital Medicare Payment And Volume Measures

WAUKESHA WI

APPLETON WI

APPLETON WI

RICE LAKE WI

RICE LAKE WI

RICE LAKE WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53188	WAUKESHA	2629281000
54915	OUTAGAMIE	9207382000
54915	OUTAGAMIE	9207382000

54868	BARRON	7152341515
54868	BARRON	7152341515

54868	BARRON	7152341515
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17676.00	27
	\$329.00	12
	\$238.00 *	
	\$13452.00 *	
	\$24945.00 *	
	\$17267.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

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patients (fewer than 11)

An asterisk (\*) appears in the  
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# knee

Based on Hospital Medicare Payment And Volume Measures

520013	SACRED HEART HSPTL	900 W CLAIREMONT AVE
520013	SACRED HEART HSPTL	900 W CLAIREMONT AVE
520013	SACRED HEART HSPTL	900 W CLAIREMONT AVE
520017	ST JOSEPHS HSPTL	2661 CTY HWY I
520017	ST JOSEPHS HSPTL	2661 CTY HWY I
520019	MINISTRY ST MARYS HOSPITAL	2251 NORTH SHORE DR

# knee

Based on Hospital Medicare Payment And Volume Measures

EAU CLAIRE WI

EAU CLAIRE WI

EAU CLAIRE WI

CHIPPEWA FALLS WI

CHIPPEWA FALLS WI

RHINELANDER WI



# knee

Based on Hospital Medicare Payment And Volume Measures

54701	EAU CLAIRE	7157174131
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54701	EAU CLAIRE	7157174131
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54701	EAU CLAIRE	7157174131
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54729	CHIPPEWA	7157177200
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54729	CHIPPEWA	7157177200
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54501	ONEIDA	7153612000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20109.00	15
	\$15158.00 *	
	\$16084.00	14
	\$16459.00 *	
	\$19358.00 *	
	\$17006.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
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small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the  
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disclosed to protect personal

# knee

Based on Hospital Medicare Payment And Volume Measures

520019	MINISTRY ST MARYS HOSPITAL	2251 NORTH SHORE DR
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520019	MINISTRY ST MARYS HOSPITAL	2251 NORTH SHORE DR
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520021	UNITED HSPTL SYS	6308 EIGHTH AVE
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520021	UNITED HSPTL SYS	6308 EIGHTH AVE
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# knee

Based on Hospital Medicare Payment And Volume Measures

RHINELANDER WI

RHINELANDER WI

KENOSHA WI

KENOSHA WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54501	ONEIDA	7153612000
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54501	ONEIDA	7153612000
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53143	KENOSHA	2626562368
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53143	KENOSHA	2626562368
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$25261.00 \*

\$13623.00 \*

\$13969.00 \*

\$28210.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520021	UNITED HSPTL SYS	6308 EIGHTH AVE
520027	COLUMBIA ST MARY'S HOSPITAL OZAUKEE, INC	13111 N PORT WASHINGTON RD
520027	COLUMBIA ST MARY'S HOSPITAL OZAUKEE, INC	13111 N PORT WASHINGTON RD
520027	COLUMBIA ST MARY'S HOSPITAL OZAUKEE, INC	13111 N PORT WASHINGTON RD
520028	MONROE CLINIC	515 22ND AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

KENOSHA

WI

MEQUON

WI

MEQUON

WI

MEQUON

WI

MONROE

WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53143	KENOSHA	2626562368
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53097	OZAUKEE	2622437300
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53097	OZAUKEE	2622437300
-------	---------	------------

53097	OZAUKEE	2622437300
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53566	GREEN	6083241000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$17870.00 \*

\$17249.00 \*

\$25584.00 \*

\$13795.00 \*

\$14621.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

520028

MONROE CLINIC

515 22ND AVE

520030

ASPIRUS WAUSAU HOSPITAL

333 PINE RIDGE BLVD

520030

ASPIRUS WAUSAU HOSPITAL

333 PINE RIDGE BLVD

520033

RIVERVIEW HSPTL ASSOC

410 DEWEY ST PO BOX 8080

520033

RIVERVIEW HSPTL ASSOC

410 DEWEY ST PO BOX 8080

# knee

Based on Hospital Medicare Payment And Volume Measures

MONROE WI

WAUSAU WI

WAUSAU WI

WISCONSIN  
RAPIDS WI

WISCONSIN  
RAPIDS WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53566

GREEN

6083241000

54401

MARATHON

7158472121

54401

MARATHON

7158472121

54495

WOOD

7154236060

54495

WOOD

7154236060

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15233.00 \*

\$17319.00 \*

\$13853.00

17

\$13716.00 \*

\$14258.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be

# knee

Based on Hospital Medicare Payment And Volume Measures

520034

AURORA MED CTR MANITOWOC  
CTY

5000 MEMORIAL DR

520034

AURORA MED CTR MANITOWOC  
CTY

5000 MEMORIAL DR

520035

AURORA SHEBOYGAN MEM MED  
CTR

2629 N 7TH ST

520035

AURORA SHEBOYGAN MEM MED  
CTR

2629 N 7TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

TWO RIVERS WI

TWO RIVERS WI

SHEBOYGAN WI

SHEBOYGAN WI



# knee

Based on Hospital Medicare Payment And Volume Measures

54241

MANITOWOC

9207945000

54241

MANITOWOC

9207945000

53083

SHEBOYGAN

9204515000

53083

SHEBOYGAN

9204515000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18124.00 \*

\$35687.00 \*

\$13896.00 \*

\$14477.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520037	ST JOSEPHS HSPTL	611 ST JOSEPH AVE
520037	ST JOSEPHS HSPTL	611 ST JOSEPH AVE
520037	ST JOSEPHS HSPTL	611 ST JOSEPH AVE
520038	AURORA MED CENTER- WASHINGTON COUNTY	1032 E SUMNER ST
520038	AURORA MED CENTER- WASHINGTON COUNTY	1032 E SUMNER ST
520041	DIVINE SAVIOR HLTHCARE	2817 NEW PINERY RD, P O BOX 387

# knee

Based on Hospital Medicare Payment And Volume Measures

	MARSHFIELD	WI
	MARSHFIELD	WI
	MARSHFIELD	WI
	HARTFORD	WI
	HARTFORD	WI
	PORTAGE	WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54449	WOOD	7153877850
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54449	WOOD	7153877850
-------	------	------------

54449	WOOD	7153877850
-------	------	------------

53027	WASHINGTON	2626732300
-------	------------	------------

53027	WASHINGTON	2626732300
-------	------------	------------

53901	COLUMBIA	6087424131
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$17493.00	14
	\$13748.00 *	
	\$15196.00	19
	\$13756.00 *	
	\$16776.00 *	
	\$15117.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520044	ST NICHOLAS HOSPITAL	3100 SUPERIOR AVE
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520044	ST NICHOLAS HOSPITAL	3100 SUPERIOR AVE
--------	----------------------	-------------------

520044	ST NICHOLAS HOSPITAL	3100 SUPERIOR AVE
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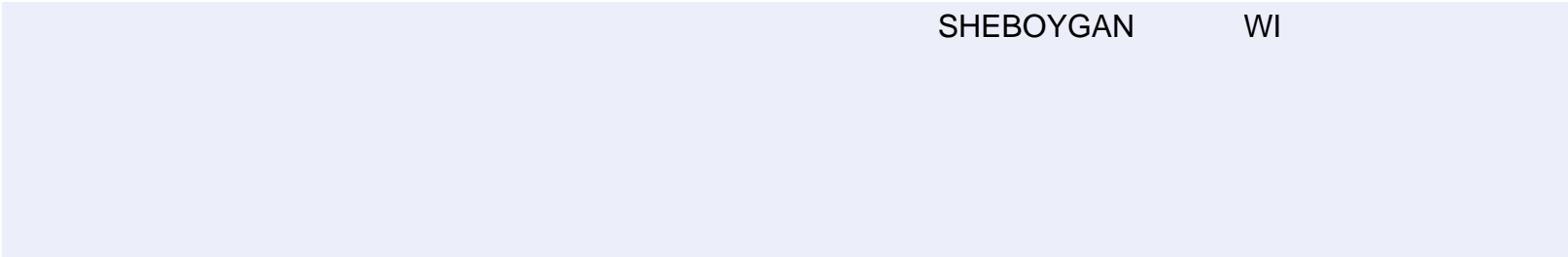
520045	THEDA CLARK MED CTR	130 2ND ST
--------	---------------------	------------

# knee

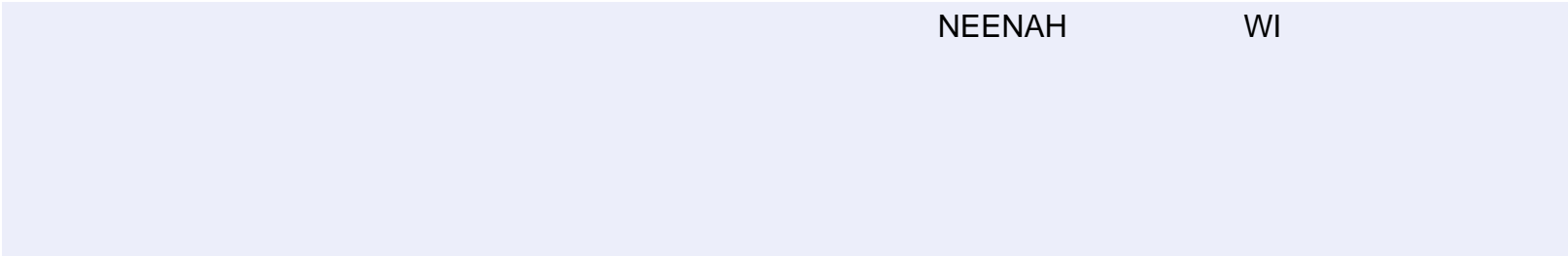
Based on Hospital Medicare Payment And Volume Measures



SHEBOYGAN WI



SHEBOYGAN WI



NEENAH WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53081

SHEBOYGAN

9204598300

53081

SHEBOYGAN

9204598300

53081

SHEBOYGAN

9204598300

54956

WINNEBAGO

9207293100

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

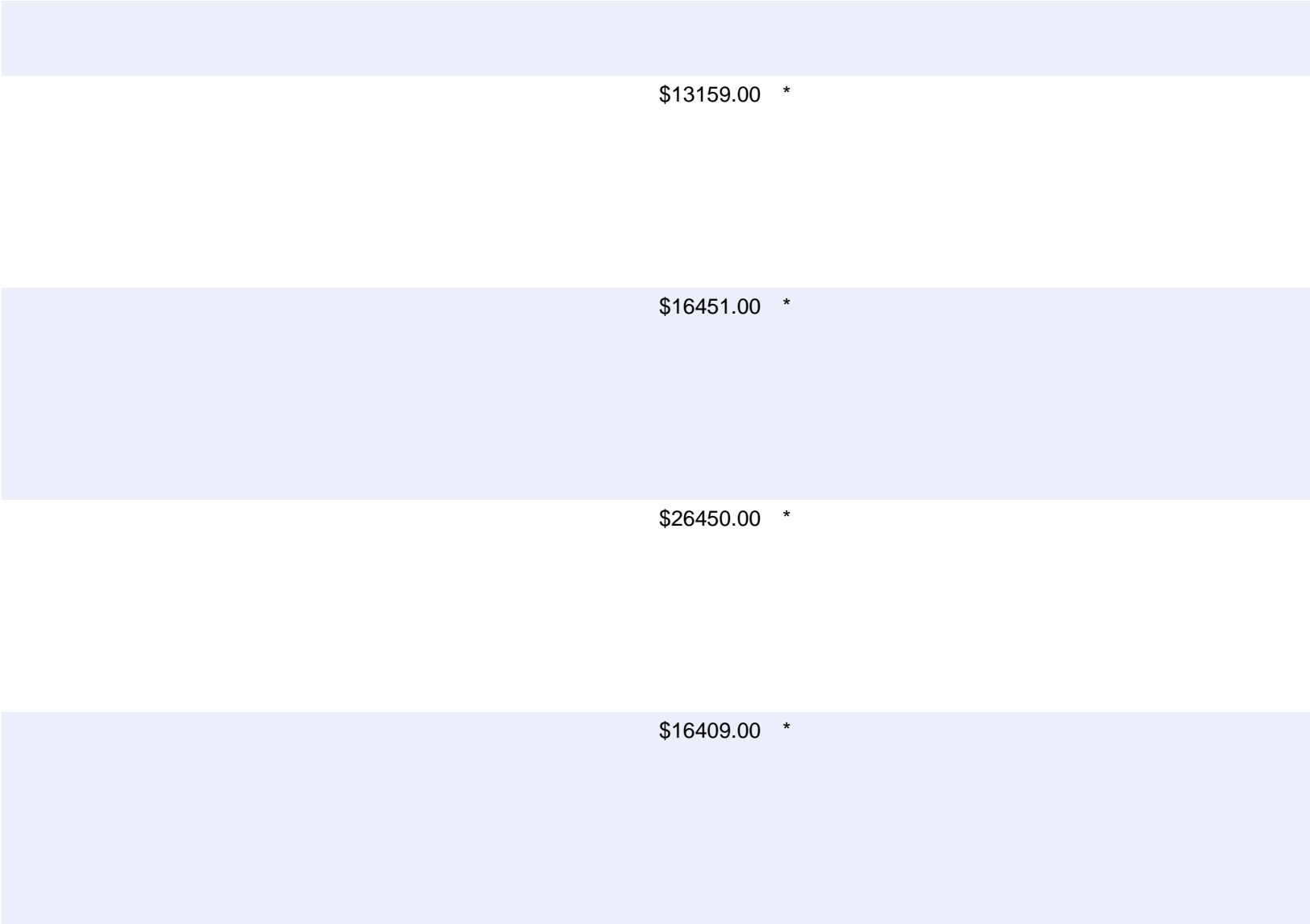
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



Measure	Value
1	\$13159.00 *
2	\$16451.00 *
3	\$26450.00 *
4	\$16409.00 *

\$13159.00 \*

\$16451.00 \*

\$26450.00 \*

\$16409.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520045	THEDA CLARK MED CTR	130 2ND ST
520048	MERCY MED CTR OF OSHKOSH	500 S OAKWOOD RD
520048	MERCY MED CTR OF OSHKOSH	500 S OAKWOOD RD
520048	MERCY MED CTR OF OSHKOSH	500 S OAKWOOD RD
520049	BELLIN MEMORIAL HSPTL	744 S WEBSTER AVE
520049	BELLIN MEMORIAL HSPTL	744 S WEBSTER AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

NEENAH WI

OSHKOSH WI

OSHKOSH	WI
OSHKOSH	WI

GREEN BAY	WI
GREEN BAY	WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54956	WINNEBAGO	9207293100
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54904	WINNEBAGO	9202232000
-------	-----------	------------

54904	WINNEBAGO	9202232000
-------	-----------	------------

54904	WINNEBAGO	9202232000
-------	-----------	------------

54305	BROWN	9204333500
-------	-------	------------

54305	BROWN	9204333500
-------	-------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$7097.00 \*

\$13123.00 \*

\$16407.00	27
------------	----

\$24334.00 \*

\$24420.00 *
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\$13720.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

520049	BELLIN MEMORIAL HSPTL	744 S WEBSTER AVE
520051	COLUMBIA ST MARYS HSPTL MILW (COL & MILW CAMPUS)	2323 N LAKE DR
520051	COLUMBIA ST MARYS HSPTL MILW (COL & MILW CAMPUS)	2323 N LAKE DR
520051	COLUMBIA ST MARYS HSPTL MILW (COL & MILW CAMPUS)	2323 N LAKE DR
520057	ST CLARE HSPTL HLTH SVCS	707 14TH ST
520057	ST CLARE HSPTL HLTH SVCS	707 14TH ST

# knee

Based on Hospital Medicare Payment And Volume Measures

GREEN BAY WI

MILWAUKEE WI

MILWAUKEE WI

MILWAUKEE WI

BARABOO WI

BARABOO WI



# knee

Based on Hospital Medicare Payment And Volume Measures

54305	BROWN	9204333500
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53211	MILWAUKEE	4142911210
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53211	MILWAUKEE	4142911210
-------	-----------	------------

53211	MILWAUKEE	4142911210
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53913	SAUK	6083561400
-------	------	------------

53913	SAUK	6083561400
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$13170.00	11
	\$16440.00	20
	\$18873.00	16
	\$31672.00 *	
	\$14798.00 *	
	\$14204.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)



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# knee

Based on Hospital Medicare Payment And Volume Measures

520059

AURORA MEMORIAL HSPTL  
BURLINGTON

252 MCHENRY ST

520059

AURORA MEMORIAL HSPTL  
BURLINGTON

252 MCHENRY ST

520059

AURORA MEMORIAL HSPTL  
BURLINGTON

252 MCHENRY ST

520062

OCONOMOWOC MEM HSPTL

791 E SUMMIT AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

BURLINGTON WI

BURLINGTON WI

BURLINGTON WI

OCONOMOWOC WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53105

RACINE

2627676000

53105

RACINE

2627676000

53105

RACINE

2627676000

53066

WAUKESHA

2625699400

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$13629.00 \*

\$10983.00 \*

\$17077.00 \*

\$39293.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520062	OCONOMOWOC MEM HSPTL	791 E SUMMIT AVE
--------	----------------------	------------------

520062	OCONOMOWOC MEM HSPTL	791 E SUMMIT AVE
--------	----------------------	------------------

520066	MERCY HLTH SYS CORP	1000 MINERAL POINT AVE
--------	---------------------	------------------------

520066	MERCY HLTH SYS CORP	1000 MINERAL POINT AVE
--------	---------------------	------------------------

520066	MERCY HLTH SYS CORP	1000 MINERAL POINT AVE
--------	---------------------	------------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

OCONOMOWOC WI

OCONOMOWOC WI

JANESVILLE WI

JANESVILLE WI

JANESVILLE WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53066	WAUKESHA	2625699400
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53066	WAUKESHA	2625699400
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53548	ROCK	6087566161
-------	------	------------

53548	ROCK	6087566161
-------	------	------------

53548	ROCK	6087566161
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$18371.00 \*

\$1068.00 \*

\$18406.00 \*

\$14087.00 \*

\$14722.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

520070	LUTHER HOSPITAL MAYO HEALTH SYSTEM	1221 WHIPPLE ST
520070	LUTHER HOSPITAL MAYO HEALTH SYSTEM	1221 WHIPPLE ST
520070	LUTHER HOSPITAL MAYO HEALTH SYSTEM	1221 WHIPPLE ST
520071	FORT HEALTHCARE	611 SHERMAN AVE E
520071	FORT HEALTHCARE	611 SHERMAN AVE E

# knee

Based on Hospital Medicare Payment And Volume Measures

EAU CLAIRE WI

EAU CLAIRE WI

EAU CLAIRE WI

FORT ATKINSON WI

FORT ATKINSON WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54703

EAU CLAIRE

7158383311

54703

EAU CLAIRE

7158383311

54703

EAU CLAIRE

7158383311

53538

JEFFERSON

9205685000

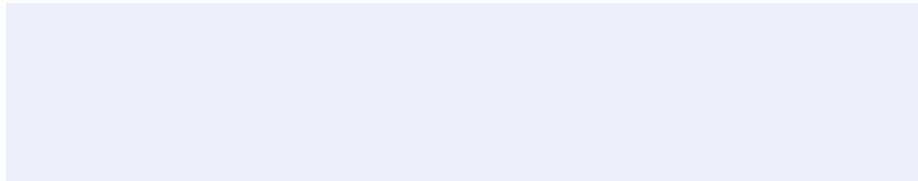
53538

JEFFERSON

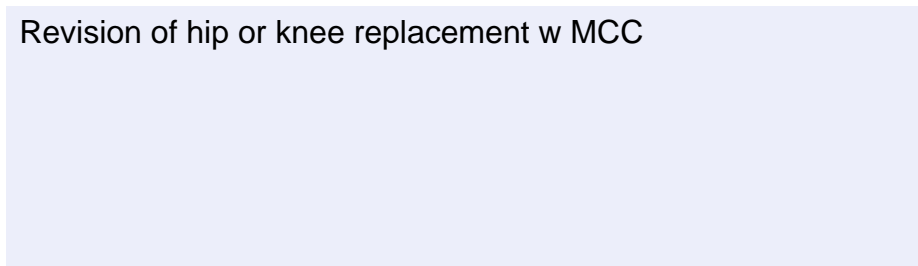
9205685000

# knee

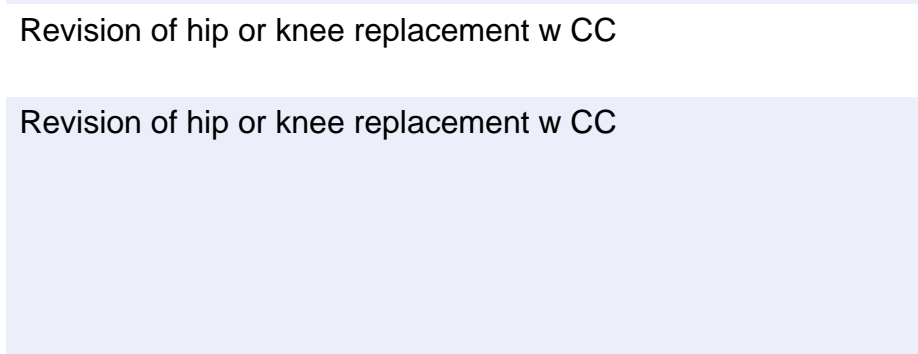
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w MCC



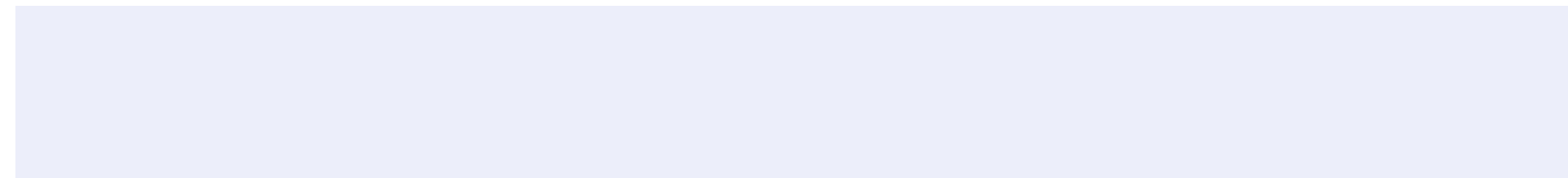
Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$13586.00 \*



\$19453.00 \*

\$17027.00

13



\$17039.00 \*

\$13629.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520075

ST VINCENT HSPTL

835 S VAN BUREN ST

520075

ST VINCENT HSPTL

835 S VAN BUREN ST

520075

ST VINCENT HSPTL

835 S VAN BUREN ST

520076

BEAVER DAM COM HSPTL

707 S UNIVERSITY AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

GREEN BAY WI

GREEN BAY WI

GREEN BAY WI

BEAVER DAM WI



# knee

Based on Hospital Medicare Payment And Volume Measures

54301

BROWN

9204330111

54301

BROWN

9204330111

54301

BROWN

9204330111

53916

DODGE

9208877181

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$14388.00 \*

\$27224.00 \*

\$15155.00 \*

\$16664.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520076

BEAVER DAM COM HSPTL

707 S UNIVERSITY AVE

520078

WHEATON FRANCISCAN  
HEALTHCARE- ST FRANCIS

3237 S 16TH ST

520078

WHEATON FRANCISCAN  
HEALTHCARE- ST FRANCIS

3237 S 16TH ST

520078

WHEATON FRANCISCAN  
HEALTHCARE- ST FRANCIS

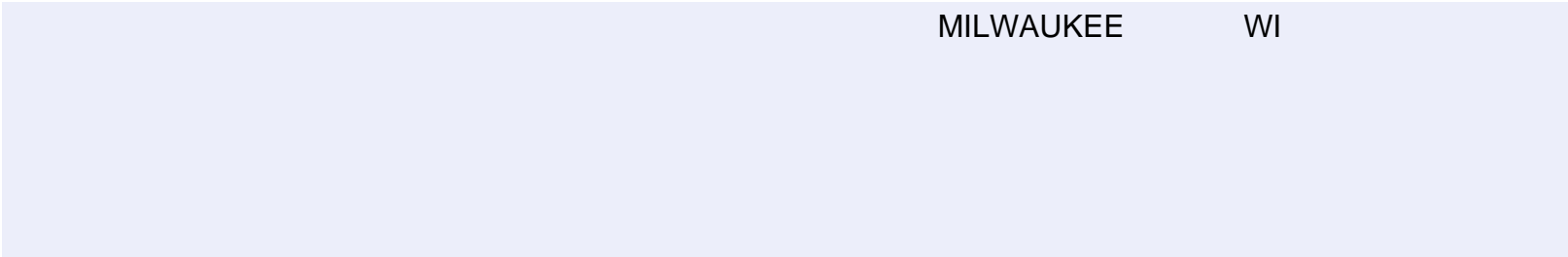
3237 S 16TH ST

# knee

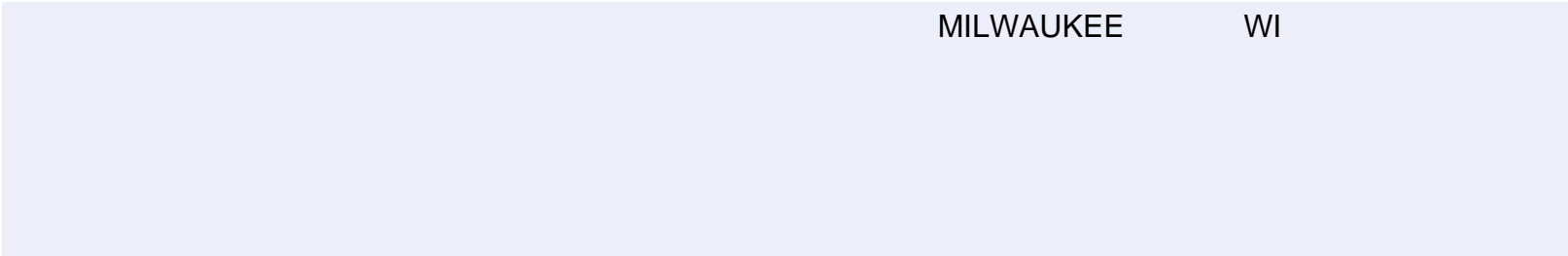
Based on Hospital Medicare Payment And Volume Measures



BEAVER DAM WI



MILWAUKEE WI



MILWAUKEE WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53916

DODGE

9208877181

53215

MILWAUKEE

4146475000

53215

MILWAUKEE

4146475000

53215

MILWAUKEE

4146475000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$14541.00 \*

\$1068.00 \*

\$17127.00 \*

\$27746.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520083	ST MARY'S HOSPITAL	700 SOUTH PARK ST
--------	--------------------	-------------------

520083	ST MARY'S HOSPITAL	700 SOUTH PARK ST
520083	ST MARY'S HOSPITAL	700 SOUTH PARK ST
520087	GUNDERSEN LUTH MED CTR	1910 SOUTH AVE
520087	GUNDERSEN LUTH MED CTR	1910 SOUTH AVE
520088	ST AGNES HSPTL	430 E DIVISON ST

520089	MERITER HSPTL	202 S PARK ST
520089	MERITER HSPTL	202 S PARK ST

520089	MERITER HSPTL	202 S PARK ST
--------	---------------	---------------

# knee

Based on Hospital Medicare Payment And Volume Measures

MADISON WI

MADISON WI

MADISON WI

LA CROSSE WI

LA CROSSE WI

FOND DU LAC WI

MADISON WI

MADISON WI

MADISON WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53715	DANE	6082516100
-------	------	------------

53715	DANE	6082516100
53715	DANE	6082516100
54601	LA CROSSE	6087827300
54601	LA CROSSE	6087827300
54935	FOND DU LAC	9209265408

53715	DANE	6084176210
53715	DANE	6084176210

53715	DANE	6084176210
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$28068.00 \*

\$19903.00 47

\$15919.00 35

\$15471.00 12

\$1328.00 11

\$17532.00 \*

\$16525.00 12

\$20659.00 \*

\$30642.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

520091

HOWARD YOUNG MED CTR

240 MAPLE ST PO BOX 470

520095

SAUK PRAIRIE MEM HSPTL

80 FIRST ST

520095

SAUK PRAIRIE MEM HSPTL

80 FIRST ST

520096

WHEATON FRANCISCAN  
HEALTHCARE- ALL SAINTS

3801 SPRING ST

# knee

Based on Hospital Medicare Payment And Volume Measures

WOODRUFF WI

PRAIRIE DU SAC WI

PRAIRIE DU SAC WI

RACINE WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54568

ONEIDA

7153568000

53578

SAUK

6086433311

53578

SAUK

6086433311

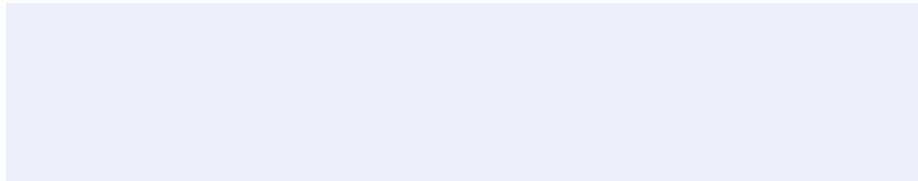
53405

RACINE

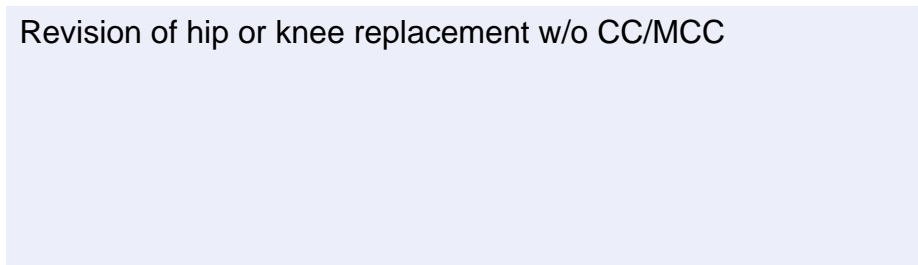
2626874011

# knee

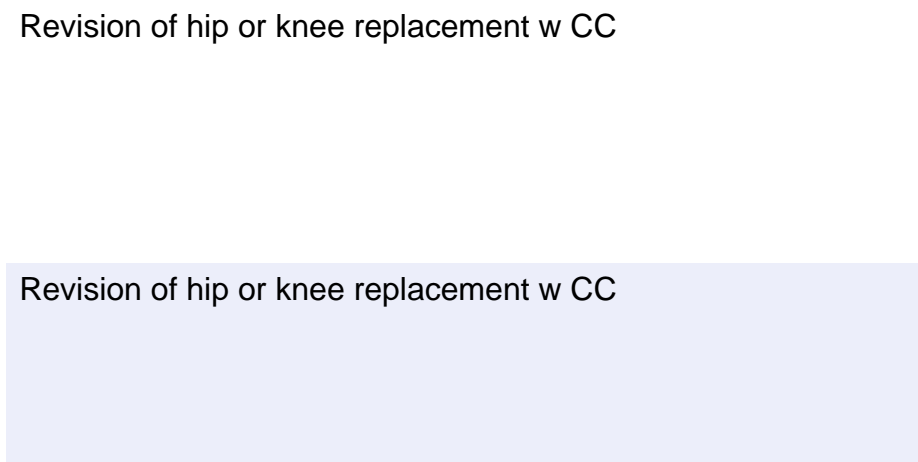
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13304.00 \*

\$13449.00 \*

\$15413.00 \*

\$436.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520096	WHEATON FRANCISCAN HEALTHCARE- ALL SAINTS	3801 SPRING ST
520097	ST MARYS HSPTL MED CTR	1726 SHAWANO AVE
520097	ST MARYS HSPTL MED CTR	1726 SHAWANO AVE
520097	ST MARYS HSPTL MED CTR	1726 SHAWANO AVE
520098	UNIVERSITY OF WI HOSPITALS & CLINICS AUTHORITY	600 HIGHLAND AVENUE
520098	UNIVERSITY OF WI HOSPITALS & CLINICS AUTHORITY	600 HIGHLAND AVENUE

# knee

Based on Hospital Medicare Payment And Volume Measures

RACINE	WI
--------	----

GREEN BAY	WI
GREEN BAY	WI

GREEN BAY	WI
-----------	----

MADISON	WI
---------	----

MADISON	WI
---------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

53405	RACINE	2626874011
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54303	BROWN	9204984200
54303	BROWN	9204984200

54303	BROWN	9204984200
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53792	DANE	6082638991
-------	------	------------

53792	DANE	6082638991
-------	------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$366.00 \*

\$13692.00

12

\$13273.00 \*

\$17101.00 \*

\$21215.00

11

\$30616.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520098	UNIVERSITY OF WI HOSPITALS & CLINICS AUTHORITY	600 HIGHLAND AVENUE
520102	AURORA LAKELAND MED CTR	W3985 CTY RD NN
520102	AURORA LAKELAND MED CTR	W3985 CTY RD NN
520103	COMMUNITY MEM HSPTL	W180 N8085 TOWN HALL RD
520103	COMMUNITY MEM HSPTL	W180 N8085 TOWN HALL RD
520103	COMMUNITY MEM HSPTL	W180 N8085 TOWN HALL RD

# knee

Based on Hospital Medicare Payment And Volume Measures

MADISON	WI
---------	----

ELKHORN	WI
---------	----

ELKHORN	WI
---------	----

MENOMONEE FALLS	WI
--------------------	----

MENOMONEE FALLS	WI
--------------------	----

MENOMONEE	WI
-----------	----

# knee

Based on Hospital Medicare Payment And Volume Measures

53792	DANE	6082638991
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53121	WALWORTH	2627412000
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53121	WALWORTH	2627412000
-------	----------	------------

53051	WAUKESHA	2622511000
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53051	WAUKESHA	2622511000
-------	----------	------------

53051	WAUKESHA	2622511000
-------	----------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$20169.00	14
	\$26305.00 *	
	\$17735.00 *	
	\$13768.00	11
	\$17210.00 *	
	\$25529.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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health information due to the  
small number of Medicare  
patients (fewer than 11)

An asterisk (\*) appears in the

# knee

Based on Hospital Medicare Payment And Volume Measures

520107	HOLY FAMILY MEMORIAL INC	2300 WESTERN AVE PO BOX 1450
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520107	HOLY FAMILY MEMORIAL INC	2300 WESTERN AVE PO BOX 1450
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520107	HOLY FAMILY MEMORIAL INC	2300 WESTERN AVE PO BOX 1450
--------	--------------------------	---------------------------------

520113	BAY AREA MED CTR	3100 SHORE DR
--------	------------------	---------------

# knee

Based on Hospital Medicare Payment And Volume Measures

FALLS

MANITOWOC

WI

MANITOWOC

WI

MANITOWOC

WI

MARINETTE

WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54221	MANITOWOC	9206842011
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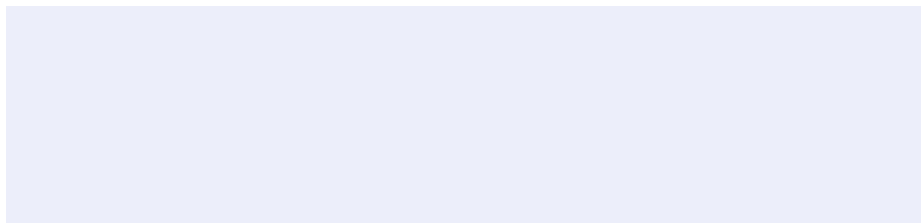
54221	MANITOWOC	9206842011
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54221	MANITOWOC	9206842011
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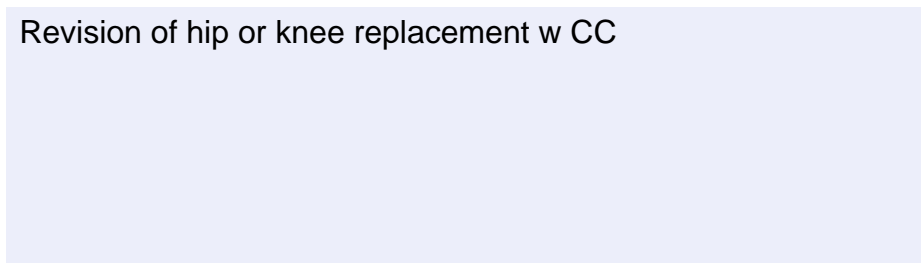
54143	MARINETTE	7157356621
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# knee

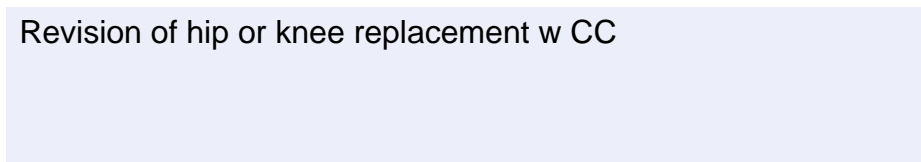
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w MCC



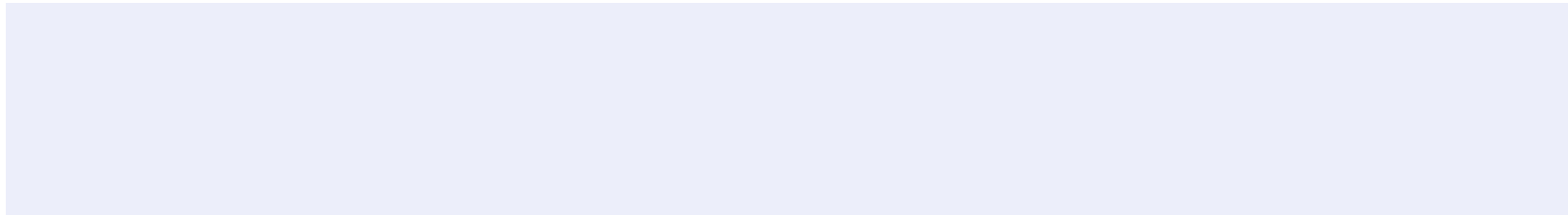
Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$14268.00 \*



\$15818.00 \*



\$17441.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

520116	UW HLTH PARTNERS - WATERTOWN REGIONAL MEDICAL CTR	125 HOSPITAL DR
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520136	WHEATON FRANCISCAN, INC- ST JOSEPH	5000 W CHAMBERS ST
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520136	WHEATON FRANCISCAN, INC- ST JOSEPH	5000 W CHAMBERS ST
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520136	WHEATON FRANCISCAN, INC- ST JOSEPH	5000 W CHAMBERS ST
--------	---------------------------------------	--------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

WATERTOWN WI

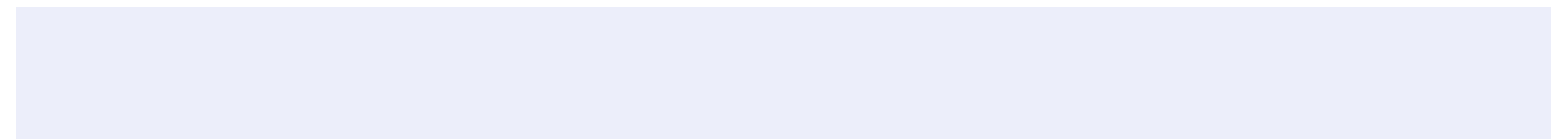
MILWAUKEE WI

MILWAUKEE WI

MILWAUKEE WI

# knee

Based on Hospital Medicare Payment And Volume Measures



53098

DODGE

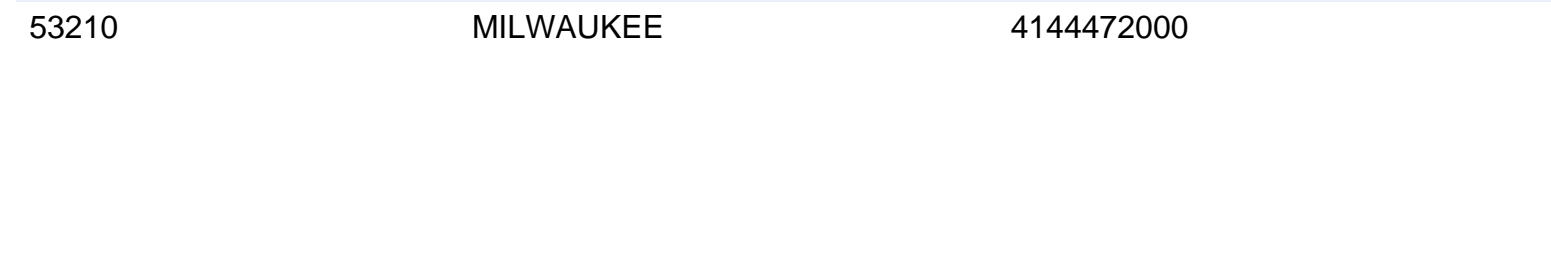
9202614210



53210

MILWAUKEE

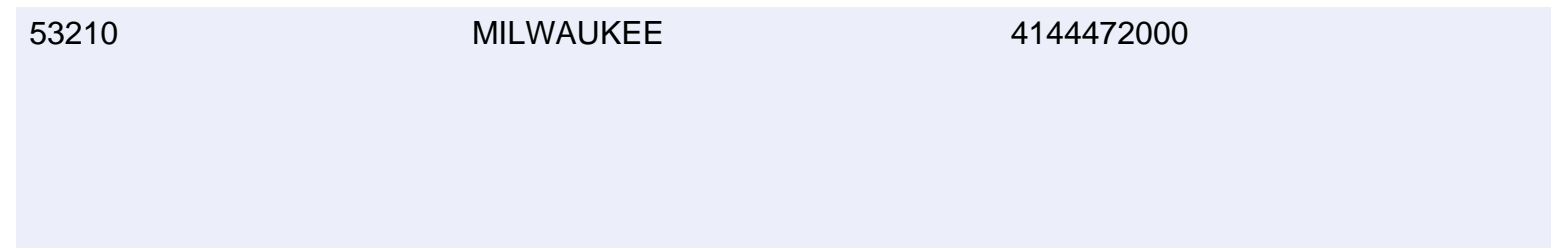
4144472000



53210

MILWAUKEE

4144472000



53210

MILWAUKEE

4144472000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15970.00 \*

\$19484.00 \*

\$19467.00 \*

\$24322.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (\*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

# knee

Based on Hospital Medicare Payment And Volume Measures

520138	AURORA ST LUKES MEDICAL CENTER	2900 W OKLAHOMA AVE
520138	AURORA ST LUKES MEDICAL CENTER	2900 W OKLAHOMA AVE
520138	AURORA ST LUKES MEDICAL CENTER	2900 W OKLAHOMA AVE
520139	AURORA WEST ALLIS MEDICAL CENTER	8901 W LINCOLN AVE
520139	AURORA WEST ALLIS MEDICAL CENTER	8901 W LINCOLN AVE
520139	AURORA WEST ALLIS MEDICAL CENTER	8901 W LINCOLN AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

MILWAUKEE	WI
-----------	----

MILWAUKEE	WI
-----------	----

MILWAUKEE	WI
-----------	----

WEST ALLIS	WI
------------	----

WEST ALLIS	WI
------------	----

WEST ALLIS	WI
------------	----



# knee

Based on Hospital Medicare Payment And Volume Measures

53215	MILWAUKEE	4146496000
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53215	MILWAUKEE	4146496000
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53215	MILWAUKEE	4146496000
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53227	MILWAUKEE	4143286000
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53227	MILWAUKEE	4143286000
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53227	MILWAUKEE	4143286000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$19958.00	69
	\$24358.00 *	
	\$14508.00	30
	\$14233.00 *	
	\$18783.00 *	
	\$17773.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520160	APPLETON MED CTR	1818 N MEADE ST
520160	APPLETON MED CTR	1818 N MEADE ST
520160	APPLETON MED CTR	1818 N MEADE ST
520170	WHEATON FRANCISCAN HEALTHCARE- ELMBROOK MEMORIAL	19333 W NORTH AVE
520170	WHEATON FRANCISCAN HEALTHCARE- ELMBROOK MEMORIAL	19333 W NORTH AVE
520177	FROEDTERT MEM LUTHERAN HSPTL	9200 W WISCONSIN AVE
520177	FROEDTERT MEM LUTHERAN HSPTL	9200 W WISCONSIN AVE

# knee

Based on Hospital Medicare Payment And Volume Measures

	APPLETON	WI
	APPLETON	WI
	APPLETON	WI
	BROOKFIELD	WI
	BROOKFIELD	WI
	MILWAUKEE	WI
	MILWAUKEE	WI

# knee

Based on Hospital Medicare Payment And Volume Measures

54911	OUTAGAMIE	9207314101
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54911	OUTAGAMIE	9207314101
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54911	OUTAGAMIE	9207314101
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53045	WAUKESHA	2627852000
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53045	WAUKESHA	2627852000
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53226	MILWAUKEE	4148053000
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53226	MILWAUKEE	4148053000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC



# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16769.00	18
	\$17759.00 *	
	\$13413.00	15
	\$7394.00 *	
	\$17209.00 *	
	\$24445.00	26
	\$36239.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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small number of Medicare  
patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

520177	FROEDTERT MEM LUTHERAN HSPTL	9200 W WISCONSIN AVE
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520189	AURORA MED CTR KENOSHA	10400 75TH ST
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520189	AURORA MED CTR KENOSHA	10400 75TH ST
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520189	AURORA MED CTR KENOSHA	10400 75TH ST
--------	------------------------	---------------

520193	AURORA BAYCARE MED CTR	2845 GREENBRIER RD PO BOX 8900
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# knee

Based on Hospital Medicare Payment And Volume Measures

MILWAUKEE WI

KENOSHA WI

KENOSHA WI

KENOSHA WI

GREEN BAY WI

# knee

Based on Hospital Medicare Payment And Volume Measures

53226	MILWAUKEE	4148053000
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53142	KENOSHA	2629485600
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53142	KENOSHA	2629485600
-------	---------	------------

53142	KENOSHA	2629485600
-------	---------	------------

54311	BROWN	9202888000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$19543.00 26

\$15226.00 \*

\$30078.00 \*

\$19326.00 \*

\$17418.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (\*) appears in the table where data cannot be



# knee

Based on Hospital Medicare Payment And Volume Measures

520196

OAK LEAF SURGCL HSPTL

3802 OAKWOOD MALL DR

520196

OAK LEAF SURGCL HSPTL

3802 OAKWOOD MALL DR

520198

AURORA MED CTR OSHKOSH

855 N WESTHAVEN DRIVE

520198

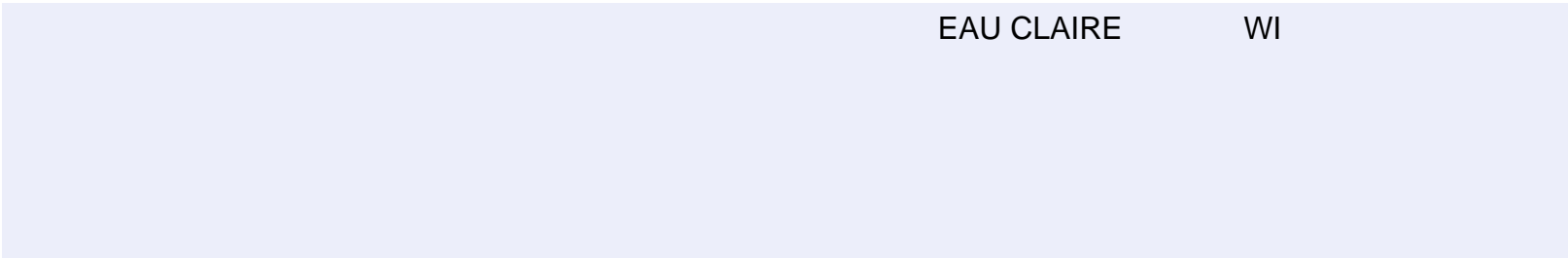
AURORA MED CTR OSHKOSH

855 N WESTHAVEN DRIVE

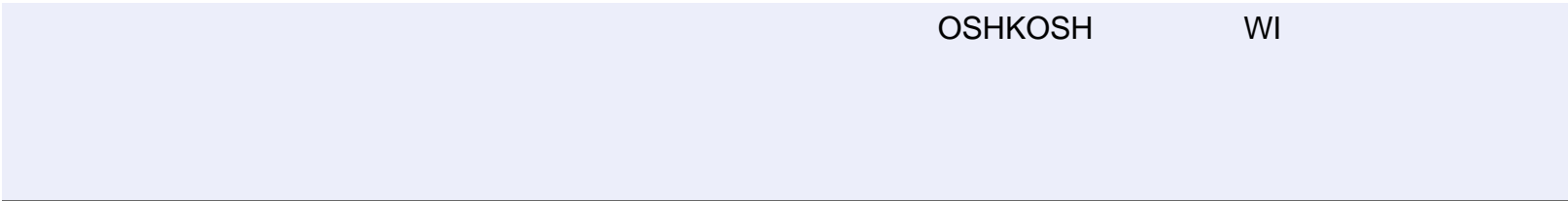
# knee

Based on Hospital Medicare Payment And Volume Measures

EAU CLAIRE WI



OSHKOSH WI



# knee

Based on Hospital Medicare Payment And Volume Measures

54701

EAU CLAIRE

7158318130

54701

EAU CLAIRE

7158318130

54904

WINNEBAGO

9204566000

54904

WINNEBAGO

9204566000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$8802.00 \*

\$13261.00 \*

\$1024.00 \*

\$16904.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

520198	AURORA MED CTR OSHKOSH	855 N WESTHAVEN DRIVE
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520202	ST CLARE'S HOSPITAL OF WESTON INC	3400 MINISTRY PARKWAY
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520202	ST CLARE'S HOSPITAL OF WESTON INC	3400 MINISTRY PARKWAY
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520202	ST CLARE'S HOSPITAL OF WESTON INC	3400 MINISTRY PARKWAY
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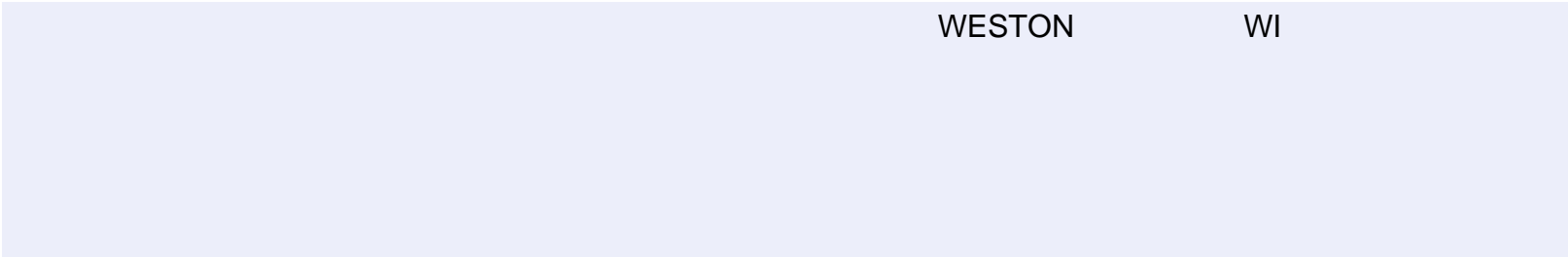
530006	SHERIDAN MEMORIAL HOSPITAL	1401 W 5TH ST
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# knee

Based on Hospital Medicare Payment And Volume Measures



OSHKOSH WI



WESTON WI



WESTON WI



SHERIDAN WY



# knee

Based on Hospital Medicare Payment And Volume Measures

54904	WINNEBAGO	9204566000
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54476	MARATHON	7153933000
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54476	MARATHON	7153933000
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54476	MARATHON	7153933000
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82801	SHERIDAN	3076721000
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# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$39754.00 \*



\$10871.00 \*



\$14025.00

15

\$16785.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

530010	LANDER REGIONAL HOSPITAL	1320 BISHOP RANDALL DR
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530010	LANDER REGIONAL HOSPITAL	1320 BISHOP RANDALL DR
--------	--------------------------	------------------------

530011	MEMORIAL HOSPITAL SWEETWATER COUNTY	1200 COLLEGE DRIVE
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530012	WYOMING MEDICAL CENTER	1233 EAST 2ND ST
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530012	WYOMING MEDICAL CENTER	1233 EAST 2ND ST
--------	------------------------	------------------

# knee

Based on Hospital Medicare Payment And Volume Measures

LANDER WY

LANDER	WY
--------	----

ROCK SPRINGS WY

CASPER	WY
--------	----

CASPER WY

# knee

Based on Hospital Medicare Payment And Volume Measures

82520	FREMONT	3073324420
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82520	FREMONT	3073324420
-------	---------	------------

82901	SWEETWATER	3073623711
-------	------------	------------

82601	NATRONA	3075777201
-------	---------	------------

82601	NATRONA	3075777201
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC



# knee

Based on Hospital Medicare Payment And Volume Measures

\$15620.00 \*

\$19528.00 \*

\$24554.00 \*

\$14916.00

11

\$18672.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

530012

WYOMING MEDICAL CENTER

1233 EAST 2ND ST

530014

CHEYENNE REGIONAL MEDICAL  
CENTER

214 EAST 23RD STREET

530014

CHEYENNE REGIONAL MEDICAL  
CENTER

214 EAST 23RD STREET

530015

ST JOHNS MEDICAL CENTER

625 EAST BROADWAY

530025

IVINSON MEMORIAL HOSPITAL

255 N 30TH

# knee

Based on Hospital Medicare Payment And Volume Measures

CASPER

WY

CHEYENNE

WY

CHEYENNE

WY

JACKSON

WY

LARAMIE

WY

# knee

Based on Hospital Medicare Payment And Volume Measures

82601

NATRONA

3075777201

82001

LARAMIE

3076342273

82001

LARAMIE

3076342273

83001

TETON

3077333636

82072

ALBANY

3077422141

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$26802.00 \*

\$17528.00 \*

\$19702.00 \*

\$15900.00 \*

\$26314.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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An asterisk (\*) appears in the



# knee

Based on Hospital Medicare Payment And Volume Measures

530025

IVINSON MEMORIAL HOSPITAL

255 N 30TH

670004

ST MARKS MEDICAL CENTER

ONE ST MARK'S PLACE

670004

ST MARKS MEDICAL CENTER

ONE ST MARK'S PLACE

670006

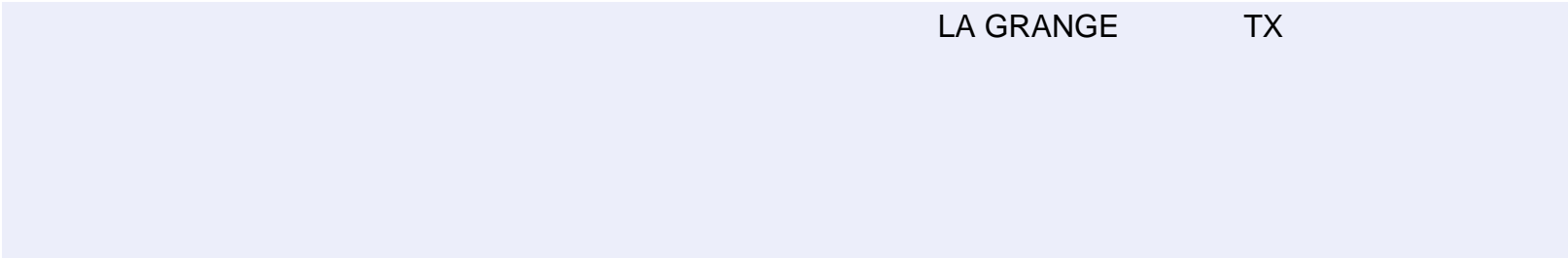
THE HOSPITAL AT WESTLAKE  
MEDICAL CENTER

5656 BEE CAVES ROAD,  
SUITE M-302

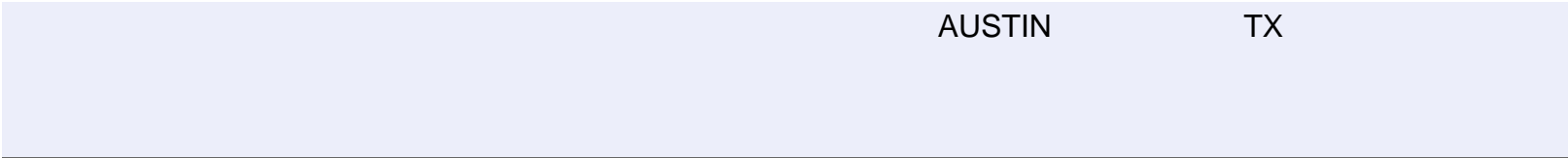
# knee

Based on Hospital Medicare Payment And Volume Measures

LARAMIE WY



LA GRANGE TX



# knee

Based on Hospital Medicare Payment And Volume Measures

82072

ALBANY

3077422141

78945

FAYETTE

9792422200

78945

FAYETTE

9792422200

78746

TRAVIS

5123270000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$13789.00 \*

\$12986.00 \*

\$16235.00 \*

\$13168.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

670006	THE HOSPITAL AT WESTLAKE MEDICAL CENTER	5656 BEE CAVES ROAD, SUITE M-302
670008	HOUSTON PHYSICIANS' HOSPITAL	333 N TEXAS AVENUE
670012	FOUNDATION SURGICAL HOSPITAL	5410 WEST LOOP SOUTH
670012	FOUNDATION SURGICAL HOSPITAL	5410 WEST LOOP SOUTH
670012	FOUNDATION SURGICAL HOSPITAL	5410 WEST LOOP SOUTH
670023	METHODIST MANSFIELD MEDICAL CENTER	2700 E BROAD STREET

# knee

Based on Hospital Medicare Payment And Volume Measures

AUSTIN	TX
--------	----

WEBSTER	TX
---------	----

BELLAIRE	TX
----------	----

BELLAIRE	TX
----------	----

BELLAIRE	TX
----------	----

MANSFIELD	TX
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# knee

Based on Hospital Medicare Payment And Volume Measures

78746	TRAVIS	5123270000
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77598	HARRIS	2813351700
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77401	HARRIS	7136222262
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77401	HARRIS	7136222262
-------	--------	------------

77401	HARRIS	7136222262
-------	--------	------------

76063	TARRANT	6826222059
-------	---------	------------

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

	\$16463.00 *	
	\$16933.00 *	
	\$13510.00	20
	\$36596.00 *	
	\$16009.00	15
	\$13111.00 *	

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

670023	METHODIST MANSFIELD MEDICAL CENTER	2700 E BROAD STREET
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670024	NORTH CYPRESS MEDICAL CENTER	21214 NORTHWEST FREEWAY
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670024	NORTH CYPRESS MEDICAL CENTER	21214 NORTHWEST FREEWAY
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670029	FIRST STREET HOSPITAL LP	4801 BISSONNET BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures

MANSFIELD TX

CYPRESS TX

CYPRESS TX

BELLAIRE TX

# knee

Based on Hospital Medicare Payment And Volume Measures

76063	TARRANT	6826222059
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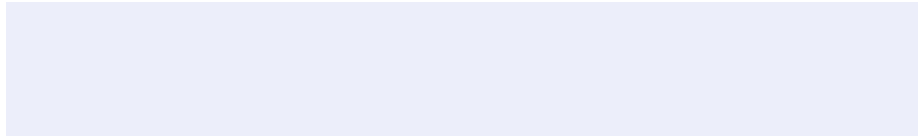
77429	HARRIS	7134663423
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77429	HARRIS	7134663423
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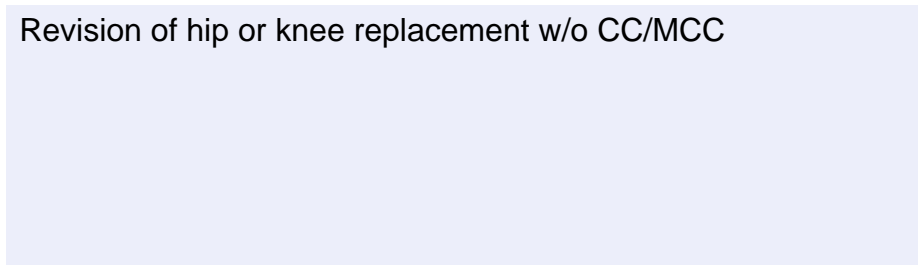
77401	HARRIS	7137137133
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# knee

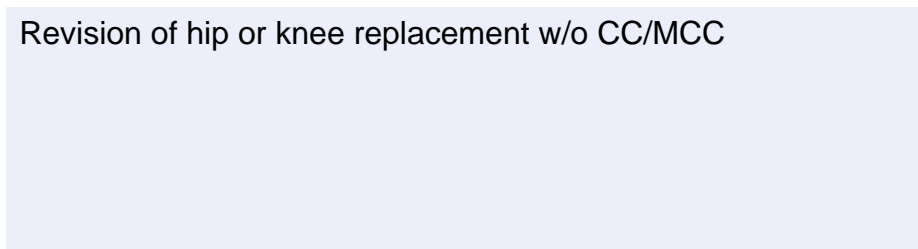
Based on Hospital Medicare Payment And Volume Measures



Revision of hip or knee replacement w/o CC/MCC



Revision of hip or knee replacement w CC





# knee

Based on Hospital Medicare Payment And Volume Measures

\$14337.00 \*

\$12479.00 \*

\$21617.00 \*

\$12479.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the small number of Medicare patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

670031	PATIENTS MEDICAL CENTER, LTD	4600 EAST SAM HOUSTON PARKWAY SOUTH
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670031	PATIENTS MEDICAL CENTER, LTD	4600 EAST SAM HOUSTON PARKWAY SOUTH
--------	------------------------------	--

670031	PATIENTS MEDICAL CENTER, LTD	4600 EAST SAM HOUSTON PARKWAY SOUTH
--------	------------------------------	--

670034	SCOTT & WHITE HOSPITAL-ROUND ROCK	300 UNIVERSITY BLVD
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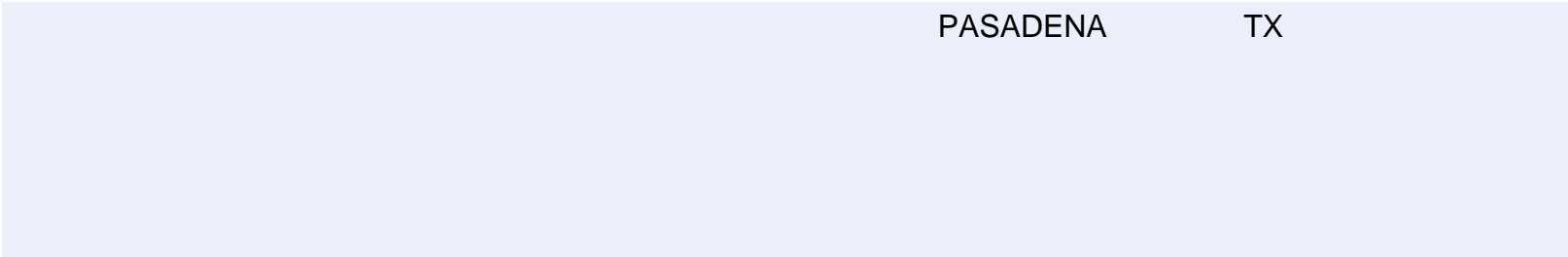
670043	CEDAR PARK REGIONAL MEDICAL	1401 MEDICAL PARKWAY
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# knee

Based on Hospital Medicare Payment And Volume Measures

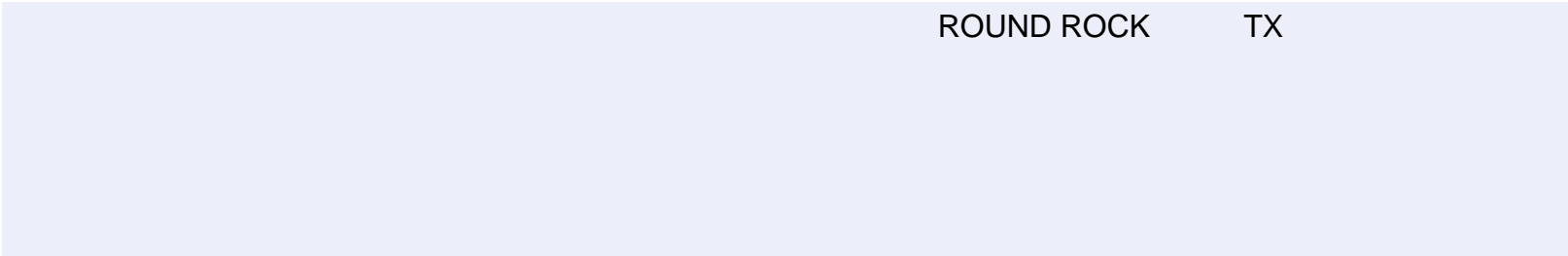


PASADENA TX



PASADENA TX

PASADENA TX



ROUND ROCK TX

CEDAR PARK TX

# knee

Based on Hospital Medicare Payment And Volume Measures

77505	HARRIS	2814870700
77505	HARRIS	2814870700
77505	HARRIS	2814870700
78664	WILLIAMSON	5125090100
78613	WILLIAMSON	5125287000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

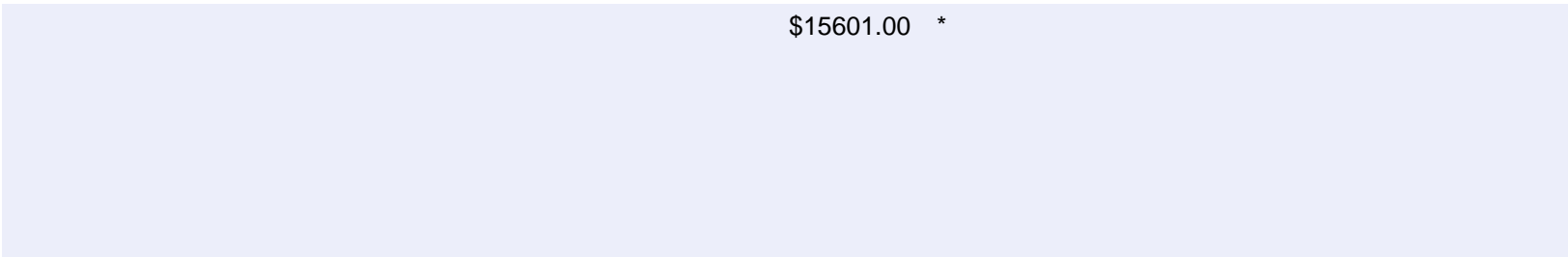
Revision of hip or knee replacement w/o CC/MCC

# knee

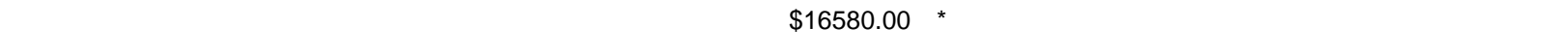
Based on Hospital Medicare Payment And Volume Measures



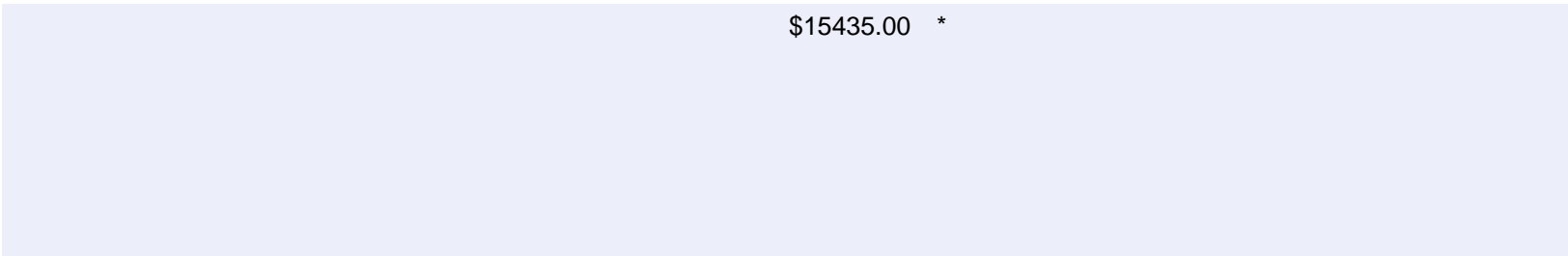
\$23140.00 \*



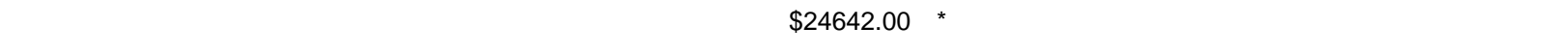
\$15601.00 \*



\$16580.00 \*



\$15435.00 \*



\$24642.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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# knee

Based on Hospital Medicare Payment And Volume Measures

## CENTER

670043	CEDAR PARK REGIONAL MEDICAL CENTER	1401 MEDICAL PARKWAY
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670044	TEXAS HEALTH PRESBYTERIAN HOSPITAL ROCKWALL	3150 HORIZON ROAD
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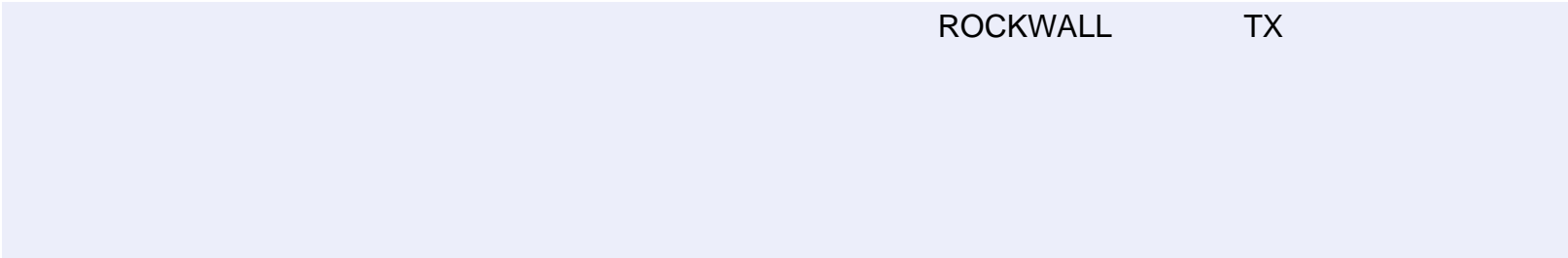
670053	ST LUKE'S SUGAR LAND HOSPITAL	1317 LAKE POINTE PARKWAY
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670053	ST LUKE'S SUGAR LAND HOSPITAL	1317 LAKE POINTE PARKWAY
--------	-------------------------------	-----------------------------

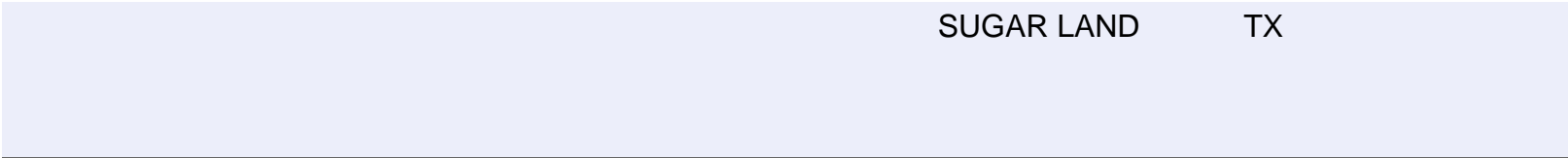
# knee

Based on Hospital Medicare Payment And Volume Measures

CEDAR PARK TX



SUGAR LAND TX



# knee

Based on Hospital Medicare Payment And Volume Measures

78613

WILLIAMSON

5125287000

75032

ROCKWALL

4696981000

77478

FORT BEND

2816377000

77478

FORT BEND

2816377000

# knee

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w/o CC/MCC

Revision of hip or knee replacement w CC

# knee

Based on Hospital Medicare Payment And Volume Measures

\$15210.00 \*

\$11027.00 \*

\$12479.00 \*

\$13001.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

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# knee

Based on Hospital Medicare Payment And Volume Measures

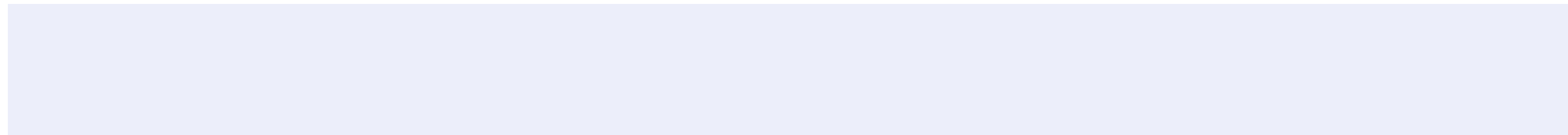
670054	FOUNDATION SURGICAL HOSPITAL OF SAN ANTONIO	9522 HUEBNER ROAD
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670054	FOUNDATION SURGICAL HOSPITAL OF SAN ANTONIO	9522 HUEBNER ROAD
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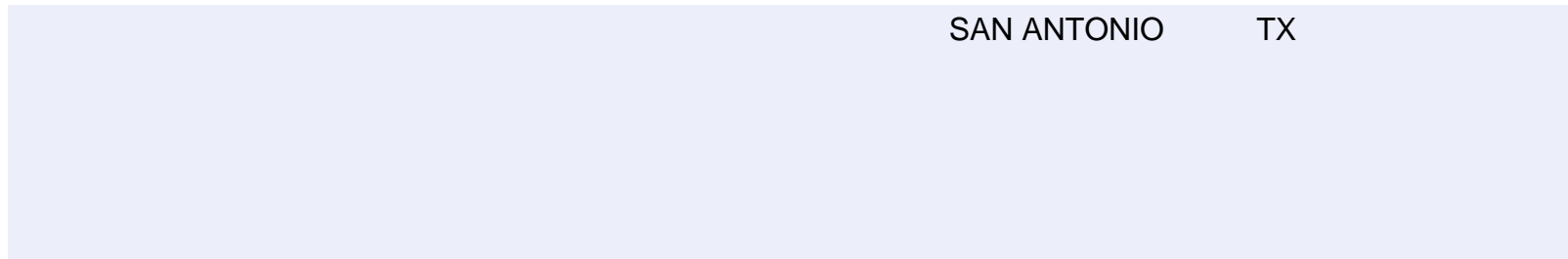
670055	METHODIST STONE OAK HOSPITAL	1139 E SONTERRA BLVD
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# knee

Based on Hospital Medicare Payment And Volume Measures



SAN ANTONIO TX



SAN ANTONIO TX

SAN ANTONIO TX



# knee

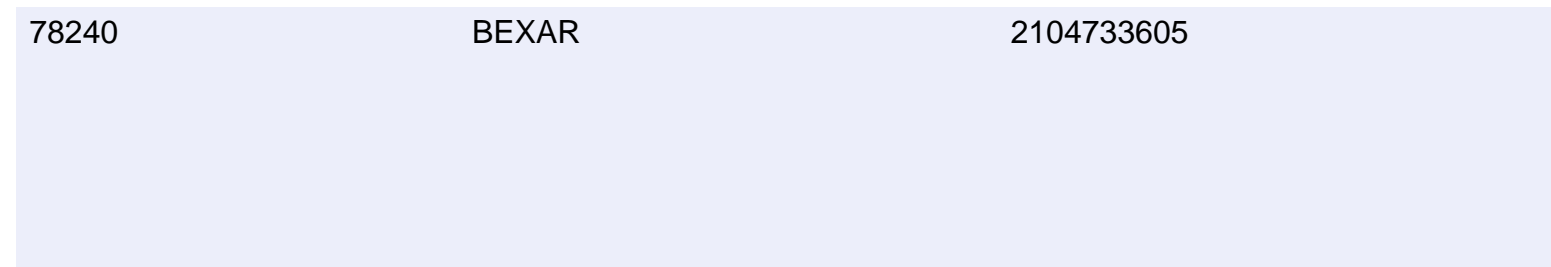
Based on Hospital Medicare Payment And Volume Measures



78240

BEXAR

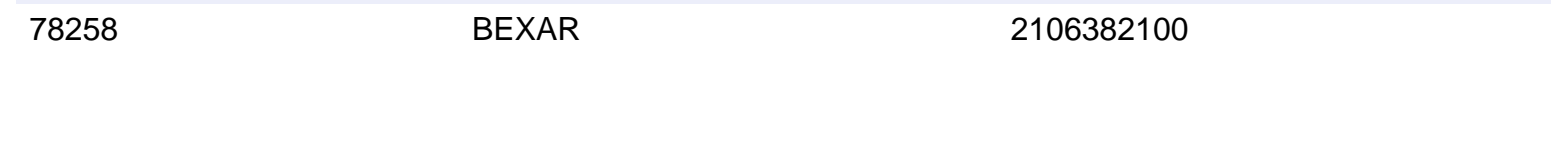
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78240

BEXAR

2104733605



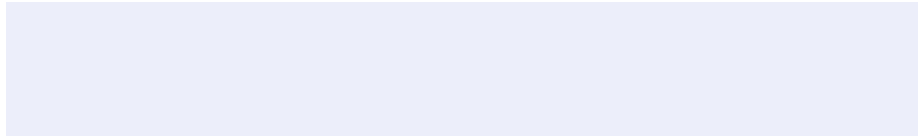
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BEXAR

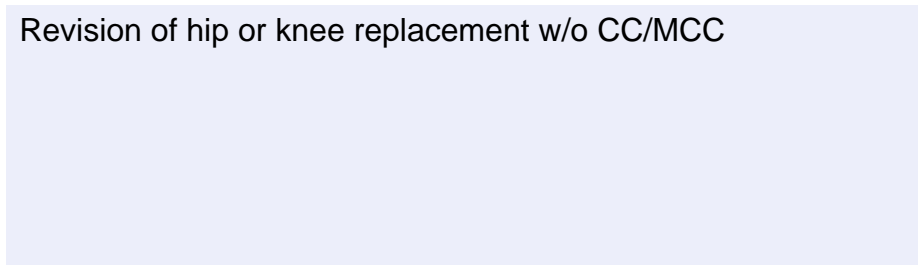
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# knee

Based on Hospital Medicare Payment And Volume Measures



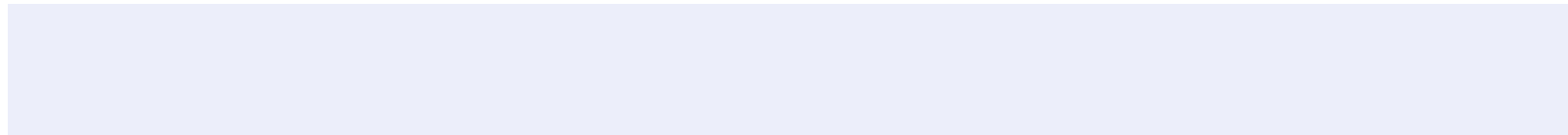
Revision of hip or knee replacement w MCC



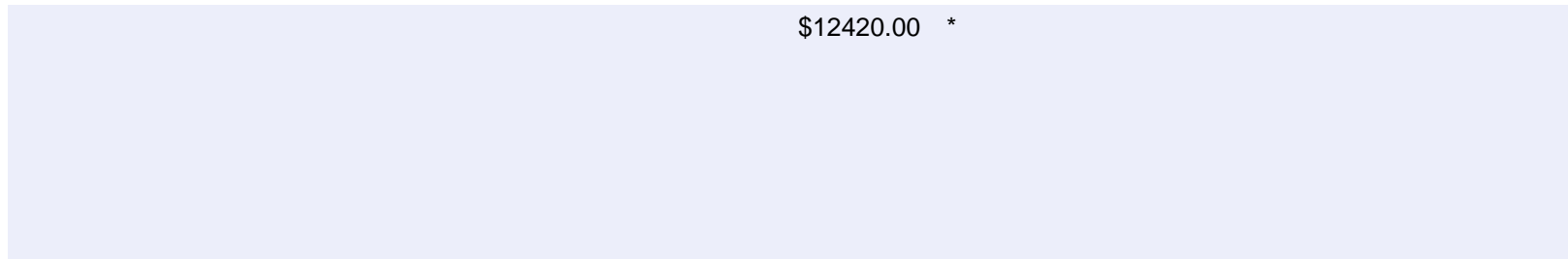
Revision of hip or knee replacement w/o CC/MCC

# knee

Based on Hospital Medicare Payment And Volume Measures



\$11748.00 \*



\$12420.00 \*

\$11721.00 \*

# knee

Based on Hospital Medicare Payment And Volume Measures

health information due to the  
small number of Medicare  
patients (fewer than 11)

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